



MICHIGAN ASSOCIATION OF INSURANCE AGENTS

# Membership Application (Please type or print clearly.)

Principal Contact \_\_\_\_\_ Federal ID# \_\_\_\_\_  
 Agency \_\_\_\_\_  
 Street Address \_\_\_\_\_ P.O. Box \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Email \_\_\_\_\_ Website Address \_\_\_\_\_

*MAIA annual membership runs from Sept. 1 - August 31.*

## MAIA Dues

**(Be sure to complete entire form and list all employees on the next page)**

1) <b>Base Agency Membership</b> (one full-time producer) .....	1	@ \$520.00 =	..... \$	<b>520.00</b>
2) Per Employees .....	_____	@ \$100.00 =	..... \$	_____
3) Dues Total (Maximum dues per agency is \$4,400.00) .....		<b>Dues Total:</b>	..... \$	_____
		<b>Total Remitted:</b>	..... \$	_____

## Payment Options

My check made payable to MAIA is enclosed.

Please charge my credit card:  Visa  MasterCard  Discover  AMEX Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_ Card Number \_\_\_\_\_

**Return your check made payable to MAIA and this completed application form to:**  
 MAIA • 1141 Centennial Way • Lansing, MI 48917 • (517) 323-9473 • michagent.org

**I hereby certify that the information contained in this application is true and correct. I authorize the Michigan Association of Insurance Agents or its agents to verify any of the information contained in this application.**

Signature \_\_\_\_\_ Title \_\_\_\_\_

*As a result of the 1993 Tax Act, 92% of dues payments to the MAIA are deductible as ordinary and necessary business expenses under the Internal Revenue Code.*

**For questions please contact:**

**Fred Cole (517) 327-8029 • fcole@michagent.org**  
**Terri Bettinger (517) 327-8042 • tbettinger@michagent.org**



