

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) **Base Agency Membership** (one full-time producer) 1 @ \$520.00 = \$ **520.00**
 2) Per Employees @ \$100.00 = \$ _____
 3) Dues Total (Maximum dues per agency is \$3,900.00) **Dues Total:** \$ _____
Total Remitted: \$ _____

Payment Options

My check made payable to MAIA is enclosed.
 Please charge my credit card: Visa MasterCard Discover American Express 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 _____

A portion of membership payments to the Michigan Association of Insurance Agents is deductible as ordinary and necessary business expenses under the Internal Revenue Code. They are not deductible as charitable contributions.

For questions please contact:

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



