

Associate Membership Application

Receive MAIA Associate Membership Benefits for just \$482 per year.

Name: _____
Email: _____
Agency Name: _____
Mailing Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Website: _____

What type of business organization is your company? (Check one box)

Corporation Sole Proprietorship Partnership Other

Select a business category:

<input type="checkbox"/> Adjusters	<input type="checkbox"/> Associations	<input type="checkbox"/> Brokerage Services
<input type="checkbox"/> Car Rental	<input type="checkbox"/> Consulting	<input type="checkbox"/> Data Security Services
<input type="checkbox"/> Glass Companies	<input type="checkbox"/> Information Technology	<input type="checkbox"/> Insurance Companies
<input type="checkbox"/> Legal Services	<input type="checkbox"/> Marketing	<input type="checkbox"/> Out of State Insurance Agencies
<input type="checkbox"/> Reinsurance	<input type="checkbox"/> Restoration Services	<input type="checkbox"/> Risk Management Services
<input type="checkbox"/> Software Vendors	<input type="checkbox"/> Speciality Insurance	<input type="checkbox"/> Staffing Services

PAYMENT OPTIONS: Mail to MAIA or fax to (508) 634-2930.

1. I'm enclosing a check for \$_____ made payable to Massachusetts Association of Insurance Agents.
2. I'm paying \$482 by credit card.

Please circle one: MC VISA AMEX

Name: _____
Card#: _____ Exp. Date: _____ CSV#: _____
CC Billing address: _____
Signature: _____

Please send form and payment to 91 Cedar Street, Milford, MA 01757.

Thank you for your support!