

# Membership Application



Membership in MAIA is open to independent, licensed insurance agencies doing business as individuals, partnerships, corporations or other forms of business organizations operating within and subscribing to the principles, aims and objectives of the American Agency System or required to do business with a non-agency company under a state-created insurance program.

## General Information:

Name of Owner: \_\_\_\_\_ Email: \_\_\_\_\_  
Agency Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City / State / Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

## Select a business organization type for the agency? (Check one box)

Corporation     Sole Proprietorship     Partnership     Other

## Select the proper dues category for your agency:

Dues for MAIA are based on the number of personnel working in your agency at all locations.

- |  |   |
|--|---|
| <input type="checkbox"/> 1-2 Employees.....\$594     | <input type="checkbox"/> 31-40 Employees.....\$3,740  |
| <input type="checkbox"/> 3-5 Employees.....\$700     | <input type="checkbox"/> 41-70 Employees.....\$3,989  |
| <input type="checkbox"/> 6-7 Employees.....\$848     | <input type="checkbox"/> 71-100 Employees.....\$4,293 |
| <input type="checkbox"/> 8-9 Employees.....\$1,025   | <input type="checkbox"/> 101-200 Employees...\$4,568  |
| <input type="checkbox"/> 10-15 Employees.....\$1,254 | <input type="checkbox"/> 201-300 Employees...\$5,075  |
| <input type="checkbox"/> 16-20 Employees.....\$1,599 | <input type="checkbox"/> 301-400 Employees...\$5,583  |
| <input type="checkbox"/> 21-25 Employees.....\$2,248 | <input type="checkbox"/> 401-500 Employees...\$6,090  |
| <input type="checkbox"/> 26-30 Employees.....\$2,867 |   |

*Agency Personnel includes owners, principals, producers, in-house brokers and all other support staff, whether hourly, salaried, or paid by commission, who work a total of twenty (20) hours or more per week.*

Do you wish to contribute to the MAIA Advocacy Fund to help defray the costs of legislative, regulatory, and judicial battles in support of independent insurance agents?     \$150     \$250     \$500     Other \$ \_\_\_\_\_     Not at this time

## Your response to these optional questions will help us better serve you. Questions pertain to the principal owner.

Gender: \_\_\_\_\_ Race:  Caucasian    Annual Premium:  Under \$500,000  
 African American     500,001 – 1,000,000  
 Hispanic American     1,000,001 – 1,250,000  
 Asian American     1,250,001 – 1,500,000  
 Other:     1,500,001 – 2,000,000  
 20 – 30     2,001,000 – 3,000,000  
 31 – 40     3,000,000 – 5,000,000  
 41 – 50     5,000,000 and above  
 51 – 60  
 61 – 70  
 71+

**To help MAIA better direct our communications to your agency, please indicate whom we should contact.**

**Agency Principal** – MAIA sends a limited number of important, principal-specific communications (6-8/year).

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Please indicate either a Main Agency Contact for all communications, Individual Contacts by Subject Area, or a combination of both.

**Main Contact**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

**Education**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

**Industry News**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

**Invoice/Billing/Accounting**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

**Legislative Issues**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

**Number One - E&O and Agency Products**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

**Number One - Client Products**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

**I attest that I have not knowingly misrepresented any of the information provided on this application.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Position in Agency: \_\_\_\_\_

**Payment:** Return this form with payment by mail to 91 Cedar Street, Milford, MA 01757 or fax to (508) 634-2930.

**To pay by credit card:**

Name: \_\_\_\_\_ Circle one: MC VISA AMEX

Billing address: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Card#: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CSV#: \_\_\_\_\_

Signature: \_\_\_\_\_

**To pay by check:** Please return this form with a check made payable to Massachusetts Association of Insurance Agents.

**To pay by phone:** Please call 800-742-6363 and speak to Chris, Sheron, or Patty.

**Thank you for your joining MAIA!**