



Professional Insurance Agents of Wisconsin, Inc.

6401 Odana Road
 Madison, WI 53719
 Phone: 608-274-8188 ♦ 800-261-7429 ♦ Fax 608-274-8195 ♦ 866-203-7461
 www.piaaw.org

MEMBERSHIP APPLICATION

Affiliations, Franchises, & Clusters: Each individual agency shall join separately.

L1 - Location #1 (if Multiple locations)

(Please Print Clearly)

Agency Name _____
 Street Address _____ PO Box _____
 City, St., Zip _____
 Phone _____ Fax _____ Website address _____

Complete for Multiple Locations

L2 - Location #2

Agency Name _____
 Str. Address/PO Box _____
 City, St., Zip _____
 Phone _____ Fax _____

L3 - Location #3

Agency Name _____
 Str. Address/PO Box _____
 City, St., Zip _____
 Phone _____ Fax _____

Primary Contact Information

The Primary Contact will receive a copy of the Wisconsin Professional Agent magazine and all mailings from PIA State and National. The Primary Contact will have voting privileges at both PIA State and National.

Name, Designations	Email	DOB	Gender	Employment Status	Part-time	Magazine
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Licensed Owner <input type="checkbox"/> Licensed Producer	<input type="checkbox"/>	INCL

Please Attach a List of All Other Agency Owners/Employees/Independent Producers

All agency personnel are considered members of the PIA of Wisconsin when attending a function where there is a member/non-member fee.

Name, Designations	Email	DOB	Gender	*Location	Employment Status	Part-time	Magazine
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Location 1 <input type="checkbox"/> Location 2 <input type="checkbox"/> Location 3	<input type="checkbox"/> Licensed owner/producer <input type="checkbox"/> Licensed staff <input type="checkbox"/> Unlicensed staff	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Location 1 <input type="checkbox"/> Location 2 <input type="checkbox"/> Location 3	<input type="checkbox"/> Licensed owner/producer <input type="checkbox"/> Licensed staff <input type="checkbox"/> Unlicensed staff	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Location 1 <input type="checkbox"/> Location 2 <input type="checkbox"/> Location 3	<input type="checkbox"/> Licensed owner/producer <input type="checkbox"/> Licensed staff <input type="checkbox"/> Unlicensed staff	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Location 1 <input type="checkbox"/> Location 2 <input type="checkbox"/> Location 3	<input type="checkbox"/> Licensed owner/producer <input type="checkbox"/> Licensed staff <input type="checkbox"/> Unlicensed staff	<input type="checkbox"/>	<input type="checkbox"/>

Photocopy for additional personnel or locations

Agency Information

Agency Type: Sole Owner Partnership Corporation LLC

Other Associations affiliated with _____

Top 3 P&C Companies (list in order) 1) _____ 2) _____ 3) _____

What is the primary concern in your agency today? _____

E&O Carrier _____ Exp. Date _____

Annual P&C Premium Volume _____

Payments to PIA are not deductible as charitable contributions for federal income tax purposes.
However, they may be deductible under the provisions of the Internal Revenue Code as a business expense

Calculate Membership Amount Due

Part-time employees count as one-half. If count ends in half, drop half.

Owners _____ + # Producers _____ + # Licensed staff _____ + # Unlicensed staff _____ = Total Agency Size _____

DUES SCHEDULE

Total Agency Size	\$ Amount	Total Agency Size	\$ Amount
1	335	16	890
2	375	17	930
3	415	18	965
4	450	19	1005
5	490	20	1030
6	525	21	1070
7	570	22	1105
8	605	23	1145
9	640	24	1180
10	675	25	1220
11	710	26	1255
12	750	27	1295
13	780	28	1330
14	815	29	1370
15	855	30 & over	1400

Total Amount Enclosed \$ _____

Check Enclosed _____ or / MC _____ Visa _____

Card No. _____

Exp. Date _____

I certify that the information on this application is true and correct and I allow PIA to communicate with the agency or individuals listed here via U.S. mail, phone, fax or electronic mail.

Signed _____

Dated _____

PIA USE ONLY: DATE REC'D _____

AMOUNT _____ CHECK # _____

_____ APPROVED _____ TO NAT'L