

# Professional Insurance Agents of Wisconsin, Inc.

*Company Renewal Membership Application*

• Annual Dues \$450



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

**Please complete and return with payment.**

Company Name \_\_\_\_\_

Main Contact \_\_\_\_\_

PO Box \_\_\_\_\_ Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Company Website Address \_\_\_\_\_

Company President/CEO \_\_\_\_\_

*List 3 individuals and addresses (if different from above) to receive PIA mailings & magazine*

Name \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

City/St/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

City/St/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

City/St/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

*In addition to the 3 people listed, we are happy to provide our monthly magazine, the "Wisconsin Professional Agent" to all your Wisconsin field/marketing representatives. Please attach a list with mailing addresses.*

**Payment Information**

Check Enclosed \_\_\_\_\_

M/C or Visa # \_\_\_\_\_

Exp. \_\_\_\_\_

**PIA USE**

Date Received \_\_\_\_\_ Check # \_\_\_\_\_

Date Approved \_\_\_\_\_