



PIA Western Alliance

Membership Application

Mission Statement: The Professional Insurance Agents Western Alliance is a membership organization promoting and enhancing the success of independent agencies seeking to grow, learn and be heard within the industry.

STEP ONE: Fill out agency/membership information.

Name _____

Agency _____

Mailing Address _____

Physical Address _____

Phone _____ FAX _____

Email Address _____

As a member of the PIA Western Alliance, your Agency employees also become members and membership **also includes membership with PIA National giving you additional benefits and services.** 1 Login credential to PIA National’s site will be provided after setting up membership with the Western Alliance.

STEP TWO: Circle payment option according to your agency size:

An agent is defined as a full time licensed employee engaged in the sale or service of insurance.

AGENT COUNT	1-4	5-9	10-14	15-19	20+	Branch
Annual Dues	\$465	\$540	\$665	\$765	\$865	\$215 per location

STEP THREE: Payment Method

Payment Method: Credit Card Check

Annual Dues	\$ _____
Branch x _____	\$ _____
Total	\$ _____

Name on Card _____

Card Type VISA MC AmEx Discover

Account Number _____

Billing Address _____

Expiration Date _____ Security Code _____

(3 digits for visa, mc, disc. on back – 4 digits on front for am ex)

Signature _____