

2010 Associate Membership Opportunity Form



Professional Insurance Agents Association of Ohio, Inc.

Company Name (as you would like it to appear in print) _____

Main Contact Name _____ Title _____

Main Co. Address _____ City _____ State _____ Zip _____

Main Co. Phone _____ Main Co. Fax _____

E-mail _____ Web site _____

Company contacts regarding:

Advertising: _____ E-mail: _____ Phone: _____

Exhibiting: _____ E-mail: _____ Phone: _____

Sponsorships: _____ E-mail: _____ Phone: _____

ANNUAL INVESTMENT FOR YOUR FUTURE

Associate Membership (Non-Agency, Industry-Related)

Company \$554 Individual \$260

Additional Company Membership (More than three, list additional names on a separate sheet of paper)

Name & Designations

Job Title

E-mail address

1. _____

2. _____

3. _____

Referred to PIA by _____ Agency _____ Phone _____

Do you recommend other industry professionals (agents, carriers, industry partners) who you feel would benefit from PIA membership?

Do you have particular areas of interest with PIA?

Advertising Agency Management and Profitability Conference Custom Design, Training and Education

Other _____

Make checks payable to PIA of Ohio. **NOTE: All forms must be accompanied by payment.**

Total Enclosed \$ _____ Pay by Check Visa MasterCard American Express Discover

Credit Card Number _____ Expiration Date _____ Credit Card Security Code* _____

Name on Card (PRINT) _____ Signature _____

* For your protection, please verify your credit card information by entering the 3 or 4-digit security code on your credit card.

Electronic Funds Transfer: I (we) hereby authorize **Professional Insurance Agents Association of Ohio, Inc.**, hereinafter called **PIA of Ohio**, to initiate debit entries to my (our) Checking Account indicated below at the depository financial institution named below, hereinafter called **Depository**, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Name on Checking Account _____ Routing Number _____ Checking Number _____

Signature _____ Amount \$ _____

For information about the percentage of your dues that are deductible on federal taxes, please visit www.ohiopia.com.

600 Cross Pointe Road • Gahanna, OH 43230 • (614) 552-8000 • fax (614) 552-0115 • toll-free (800) 555-1742 • www.ohiopia.com

INTERNAL USE ONLY. JOIN REASON: _____

WEB