

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. Now you can be part of something better and bigger! Join the nine state (Alaska, Arizona, California, Hawaii, Idaho, New Mexico, Montana, Nevada, Oregon, and Washington) Professional Insurance Agents Western Alliance association.

STEP ONE: Fill out completely, please print.

PERSONAL INFORMATION

First Name _____

Last Name _____

Primary Email _____

Mailing Address _____

City _____ State _____ Zip _____

Main Phone _____

BUSINESS INFORMATION

Business Name _____

Primary Email _____

Main Website _____

Established Date _____

Business Mailing Address _____

Same as Mailing Address

City _____ State _____ Zip _____

Main Phone _____

STEP TWO: Choose to join one, several or all Professional Insurance Agents Western Alliance Association Chapters. Base rate for the first 2 states is \$500 each. The more states your company joins, the bigger the discount received! Get 45% off with 10 states!

MEMBERSHIP DUES

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Alaska | <input type="checkbox"/> New Mexico |
| <input type="checkbox"/> Arizona | <input type="checkbox"/> Oregon |
| <input type="checkbox"/> California | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Hawaii | <input type="checkbox"/> All 10 states |
| <input type="checkbox"/> Idaho | |
| <input type="checkbox"/> Montana | |
| <input type="checkbox"/> Nevada | |

- 1 state with base price. - \$500
- 2 states with base price. - \$950
- 3 states for 5% discount. - \$1,350
- 4 states for 10% discount. - \$1,700
- 5 states for 15% discount. - \$2,000
- 6 states for 20% discount. - \$2,250
- 7 states for 25% discount. - \$2,450
- 8 states for 30% discount. - \$2,600
- 9 states for 35% discount. - \$2,700
- 10 states for 40% discount - \$2,750

STEP THREE:

Payment Method: Check payable to PIA Charge my credit card

Name on Card _____

Account _____

Billing Address _____

City _____ **State** _____ **Zip** _____

Expiration Date _____ **Card Type** VISA MC AmEx Discover

Signature _____ **3-Digit Security Code** _____