



## ASSOCIATE MEMBERSHIP APPLICATION

Business Name: \_\_\_\_\_

Business Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Website: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

**List Principals:**

President: \_\_\_\_\_ Email: \_\_\_\_\_

Vice President: \_\_\_\_\_ Email: \_\_\_\_\_

Marketing Manager: \_\_\_\_\_ Email: \_\_\_\_\_

Key Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

**ASSOCIATE MEMBERSHIP DUES: \$225.00**

Dues are payable annually September 1<sup>st</sup>. Dues may be pro-rated. **Once membership is approved you will be invoiced.** Associate membership dues entitles your business to receive all educational, legislative & informational bulletins, as well as the annual magazine, the "Maine Viewpoint". All employees will be eligible for any of the member discounts given for education seminars/courses and conventions.

***I, we, hereby apply for associate membership in the Maine Insurance Agents Association, and agree to abide by the Constitution and Bylaws of this Association.***

\_\_\_\_\_  
*Signed by President/Owner*

\_\_\_\_\_  
*Date*

Return application to: MIAA, 17 Carriage Lane, Hallowell, ME 04347 | [lynda@maineagents.net](mailto:lynda@maineagents.net)