



**ASSOCIATE MEMBERSHIP APPLICATION
MAINE INSURANCE AGENTS ASSOCIATION**

Business Name: _____

Business Description:

Address: _____ County: _____

City/State/Zip: _____

Phone: _____ Fax: _____ Email address: _____

Website: _____

List Principals:

President: _____

Vice President: _____

Marketing Manager: _____

Contact Person: _____

Mailings should be sent to: _____ **Title:** _____

ASSOCIATE MEMBERSHIP DUES: \$225.00

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

I, We, Hereby apply for associate membership in the Maine Insurance Agents Association, and agree to abide by the Constitution and by-laws of this Association.

(Signed by President)

(Date)

Return application to: MIAA, 17 Carriage Lane, Hallowell, ME 04347