

Associate Membership Application

Additional information: www.moagent.org. Contact MAIA with questions: 573-893-4301, or email membership@moagent.org.

Organization Information			
Associate membership is available to organiza		ess related to the Am	erican Agency System,
but in a capacity other than an insurance agen			
Organization Name			
Main Contact			
Main Location Mailing Address Main Location Street Address			
We are: ☐ Insurance Co. ☐ Wholesaler (with no M	•		·
Is your organization an LLC? $\prod_{i=1}^{N} Y_i$ $\prod_{i=1}^{N} N$ If yes, of			
If your LLC does not file as an S-Corp or C-Corp, h	ave you registered with the Missouri Ethi	cs Commission? Y	- N
]
Associate Contacts			
The three individuals named below will receive I 1. Name/Designations	_		ouri Agent magazine.
Mailing Address	City	State	Mail Zip
Street Address	City	State	Street Zip
Phone	Email		
2. Name/Designations			
Mailing Address	City	State	Mail Zip
Street Address	City	State	Street Zip
Phone	Email		
3. Name/Designations			
Mailing Address	City	State	Mail Zip
Street Address	City	State	Street Zip
Phone	Email		
Associate Membership Dues This membership allows the named organization and its personnel to participate in all association activities, programs and services at member rates	Membership Conditions: Membership is time of payment. MAIA dues are not dec purposes; however, 77.0% of your dues *MAPAC: All members are urged to volun Committee; contributions are not deductib	ductible as a charitable c for 2024 may be deducti tarily contribute to the Mis	ontribution for income tax ble as a business expense. souri Agents Political Action
and to receive all MAIA mailings.	Effective Aug. 28, 2022, LLCs that have no		
ssociate Membership Dues \$ 600	federal tax code must register with the Mi		
IAPAC Contribution* (Suggested amount \$100)	to MAPAC. To register, go to https://mec.m but have not registered, or we cannot dete		
OTAL ENCLOSED \$	contribution within 10 business days of re	,	,,
Payment Information & Membership T	erms		
Payment Type: ☐ Check Enclosed (payable to MAIA	A) or □Visa □MC □AmEx □Disc	cover	
Card No	Verification	CodeE	c. Date
Signature	Billing Address		
This application is hereby tendered for associate membership in the Independent Insurance Agents and Brostood that no logo of the IIABA, nor the PIA National r	kers of America, nor the National Association	on of Professional Insuran	ce Agents. It is further under-
Name (Printed):	Title:	Date:	
Signature:			