

Metro Alliance of Independent Insurance Agents Agent Renewal Membership Form 2009-2010

Name of Firm: _____

Mailing Address:

City: _____ State: _____ Zip code: _____

Physical Street Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Fax: _____



Dues: (all base dues include one prepaid lunch per meeting)

Agencies with (1-3) producers, base dues = \$295.00

Agencies with (4-6) producers, base dues = \$410.00

Agencies with (7+) producers, base dues = \$510.00

Non-producers - \$20.00 each to receive mailings _____

*Add \$200 to your dues to include another prepaid lunch _____

***If you would like to contribute to *Operation Home Front*, add the amount you wish to donate to your dues. _____**

(Please include your donation in your check to MAIIA). _____

TOTAL = _____

Please make check payable to MAIIA

Please list all of those for whom the dues cover. Please note only names shown will be printed in the directory.

**Indicates a Principal or Manager*

What Percentage of your Business is Property & Casualty? _____

What Percentage of your Business is Life & Health? _____

Number of Employees _____

If more space is required please attach a list of your members to this form. Thank you!

*****If there are any changes to be made to your current information please indicate, thank you!*****

You may also visit us online at www.maiia.org

We appreciate your continued support!

Please return by July 30, 2009 to MAIIA, 248 Creekstone Ridge, Woodstock, GA 30188

Phone: 770-517-2616 – E-mail: admin@maiia.org