



# Agency Membership Application

Additional information: [www.missouriagent.org](http://www.missouriagent.org)

Contact MAIA with questions: 573-893-4301,  
or email [dpatterson@moagent.org](mailto:dpatterson@moagent.org).

## Agency Information - Main Location

Agency Name (Location #1) \_\_\_\_\_ ☐ Retail Agency ☐ MGA/E&S Agency with Mo. Location

Main Contact \_\_\_\_\_ Phone \_\_\_\_\_ Website \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Mail Zip \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Street Zip \_\_\_\_\_

Year Established \_\_\_\_\_ Total # of Employees \_\_\_\_\_ Business Type: ☐ Corporation ☐ LLC/LLP ☐ Partnership ☐ Individual/Sole Proprietorship

County \_\_\_\_\_ E&O Carrier \_\_\_\_\_ E&O Ex. Date \_\_\_\_\_

## Branch Location(s)

*There is a \$50 charge per branch location listed. In order to be found on the agency locator at [trustedchoice.com](http://trustedchoice.com), branches must be listed and paid for.*

Location #2 Name (If different than main location) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Mail Zip \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Street Zip \_\_\_\_\_

Main Contact for this Location \_\_\_\_\_ Phone \_\_\_\_\_ County \_\_\_\_\_

Location #3 Name (If different than main location) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Mail Zip \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Street Zip \_\_\_\_\_

Main Contact for this Location \_\_\_\_\_ Phone \_\_\_\_\_ County \_\_\_\_\_

## Dues Schedule

Employees	Annual Dues	Voting Members	Employees	Annual Dues	Voting Members
1	\$450	1	25	\$1,410	8
2	\$490	2	26	\$1,450	12
3	\$530	2	27	\$1,490	12
4	\$570	2	28	\$1,530	12
5	\$610	3	29	\$1,570	12
6	\$650	3	30	\$1,610	12
7	\$690	3	31	\$1,650	12
8	\$730	3	32	\$1,690	12
9	\$770	4	33	\$1,730	12
10	\$810	4	34	\$1,770	12
11	\$850	4	35	\$1,810	12
12	\$890	4	36	\$1,850	12
13	\$930	5	37	\$1,890	12
14	\$970	5	38	\$1,930	12
15	\$1,010	5	39	\$1,970	12
16	\$1,050	6	40	\$2,010	12
17	\$1,090	6	41	\$2,050	12
18	\$1,130	6	42	\$2,090	12
19	\$1,170	8	43	\$2,130	12
20	\$1,210	8	44	\$2,170	12
21	\$1,250	8	45	\$2,210	12
22	\$1,290	8	46	\$2,250	12
23	\$1,330	8	47	\$2,290	12
24	\$1,370	8	48+	\$2,300	12

**Employee count:** For the purpose of determining dues, "employees" are defined as: owners, principals, producers or brokers (whether issued W-2 or 1099 forms), CSRs and any other **licensed and unlicensed** support staff in all agency locations, regardless if the additional locations are listed. **Independent producers must be counted unless they maintain a separate MAIA membership.** Two part-time employees count as one full-time employee.

**\*MAPAC:** All members are urged to voluntarily contribute to the Missouri Agents Political Action Committee. *MAPAC contributions or gifts to a political action committee are not deductible as charitable contributions for income tax purposes.*

## Total Dues Calculation

MAIA maintains affiliations with both the Independent Insurance Agents and Brokers of America (IIABA) and the National Association of Professional Insurance Agents (PIA). Base dues include membership in MAIA, IIABA and Trusted Choice. Members may elect to belong to PIA at an additional fee.

Base Membership Dues (from chart to left)	\$
Additional Locations ( _____ x \$50 each)	\$
MAPAC Contribution*	\$100
PIA Membership (Add \$182)	\$
<b>TOTAL ENCLOSED</b>	<b>\$</b>

## Payment Information

Payment Type: ☐ Check Enclosed (payable to MAIA) or ☐ Visa ☐ MC ☐ AmEx ☐ Discover

Card No. \_\_\_\_\_ Verification Code \_\_\_\_\_ Ex. Date \_\_\_\_\_

Signature \_\_\_\_\_ Billing Address \_\_\_\_\_

— Important! Employee information on next page must be completed. —

## Employee Information

Please provide the requested detail for each member of your agency and all branch offices. MAIA will set up each individual with a user ID and password so they may have access to the members-only sections of the MAIA website ([missouriagent.org](http://missouriagent.org)) and the IAABA website and the resources available, including the Virtual University resource center.

**Voting Members:** Please check the box for the individuals from the agency who are to be voting members of MAIA. Voting members must be licensed producers. The number of voting members checked below may not exceed the maximum voting members authorized for each membership category. These individuals will also receive all association mailings and will be listed in the online membership directory.

*Note: MAIA does not sell or publish e-mail addresses.*

Voting  
Member

☐

Name/Designations: \_\_\_\_\_ Primary Role: ☐ Principal ☐ Agency Mgr. ☐ Producer ☐ Acct. Mgr. ☐ CSR ☐ IT  
E-Mail: \_\_\_\_\_ Title \_\_\_\_\_ DOB: \_\_\_\_\_ Location # : \_\_\_\_ ☐ Part-Time

☐

Name/Designations: \_\_\_\_\_ Primary Role: ☐ Principal ☐ Agency Mgr. ☐ Producer ☐ Acct. Mgr. ☐ CSR ☐ IT  
E-Mail: \_\_\_\_\_ Title \_\_\_\_\_ DOB: \_\_\_\_\_ Location # : \_\_\_\_ ☐ Part-Time

☐

Name/Designations: \_\_\_\_\_ Primary Role: ☐ Principal ☐ Agency Mgr. ☐ Producer ☐ Acct. Mgr. ☐ CSR ☐ IT  
E-Mail: \_\_\_\_\_ Title \_\_\_\_\_ DOB: \_\_\_\_\_ Location # : \_\_\_\_ ☐ Part-Time

☐

Name/Designations: \_\_\_\_\_ Primary Role: ☐ Principal ☐ Agency Mgr. ☐ Producer ☐ Acct. Mgr. ☐ CSR ☐ IT  
E-Mail: \_\_\_\_\_ Title \_\_\_\_\_ DOB: \_\_\_\_\_ Location # : \_\_\_\_ ☐ Part-Time

☐

Name/Designations: \_\_\_\_\_ Primary Role: ☐ Principal ☐ Agency Mgr. ☐ Producer ☐ Acct. Mgr. ☐ CSR ☐ IT  
E-Mail: \_\_\_\_\_ Title \_\_\_\_\_ DOB: \_\_\_\_\_ Location # : \_\_\_\_ ☐ Part-Time

☐

Name/Designations: \_\_\_\_\_ Primary Role: ☐ Principal ☐ Agency Mgr. ☐ Producer ☐ Acct. Mgr. ☐ CSR ☐ IT  
E-Mail: \_\_\_\_\_ Title \_\_\_\_\_ DOB: \_\_\_\_\_ Location # : \_\_\_\_ ☐ Part-Time

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Name/Designations: \_\_\_\_\_ Primary Role: ☐ Principal ☐ Agency Mgr. ☐ Producer ☐ Acct. Mgr. ☐ CSR ☐ IT  
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Name/Designations: \_\_\_\_\_ Primary Role: ☐ Principal ☐ Agency Mgr. ☐ Producer ☐ Acct. Mgr. ☐ CSR ☐ IT  
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Name/Designations: \_\_\_\_\_ Primary Role: ☐ Principal ☐ Agency Mgr. ☐ Producer ☐ Acct. Mgr. ☐ CSR ☐ IT  
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Name/Designations: \_\_\_\_\_ Primary Role: ☐ Principal ☐ Agency Mgr. ☐ Producer ☐ Acct. Mgr. ☐ CSR ☐ IT  
E-Mail: \_\_\_\_\_ Title \_\_\_\_\_ DOB: \_\_\_\_\_ Location # : \_\_\_\_ ☐ Part-Time

## Membership Term & Conditions

Membership runs from the month joined to the same month the following year. All dues are fully earned at time of payment. Missouri Agent subscription price for one year (\$30 per voting member) is included in membership dues, and members may not deduct subscription price from dues. MAIA dues are not deductible as a charitable contribution for income tax purposes; however, 76.9 percent of your dues for 2018 may be deductible as a business expense.

## Publications and Mailings

Would others in your agency like to receive our publications and mailings? Additional subscriptions are available to members for the following publications: Missouri Agent magazine, Agents NewsLine electronic newsletter and the Education Bulletin. Contact us for more information, or visit [www.missouriagent.org](http://www.missouriagent.org) under the Membership, Publications & Info tab.

## Membership Eligibility Verification

I hereby certify that the information contained in this application is true and correct, that the agency or broker named herein is properly licensed by the Missouri DIFP and operates within the American Agency System. Also, I agree that I have read the Trusted Choice<sup>®</sup> License Agreement ([accessible at trustedchoice.com/licenseagreement](http://trustedchoice.com/licenseagreement)) and the Pledge of Performance ([trustedchoice.com/pledgeofperformance](http://trustedchoice.com/pledgeofperformance)) and agree to the terms.

Name (Printed): \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Submit with payment to:**

MAIA, P.O. Box 1785, Jefferson City, Mo. 65102-1785, or Fax: 573-893-3708, or Email: [dpatterson@moagent.org](mailto:dpatterson@moagent.org)



# Agency Membership Employee and Branch Additional Listing

Contact MAIA with questions: 800-617-3658 or 573-893-4301,  
or email [dpatterson@moagent.org](mailto:dpatterson@moagent.org).

## Employee Information - in addition to those listed on main application

Voting  
Member

<input type="checkbox"/>	Name/Designations: _____	Primary Role: <input type="checkbox"/> Principal <input type="checkbox"/> Agency Mgr. <input type="checkbox"/> Producer <input type="checkbox"/> Acct. Mgr. <input type="checkbox"/> CSR <input type="checkbox"/> IT
	E-Mail: _____ Title _____	DOB: _____ Location # : _____ <input type="checkbox"/> Part-Time
<input type="checkbox"/>	Name/Designations: _____	Primary Role: <input type="checkbox"/> Principal <input type="checkbox"/> Agency Mgr. <input type="checkbox"/> Producer <input type="checkbox"/> Acct. Mgr. <input type="checkbox"/> CSR <input type="checkbox"/> IT
	E-Mail: _____ Title _____	DOB: _____ Location # : _____ <input type="checkbox"/> Part-Time
<input type="checkbox"/>	Name/Designations: _____	Primary Role: <input type="checkbox"/> Principal <input type="checkbox"/> Agency Mgr. <input type="checkbox"/> Producer <input type="checkbox"/> Acct. Mgr. <input type="checkbox"/> CSR <input type="checkbox"/> IT
	E-Mail: _____ Title _____	DOB: _____ Location # : _____ <input type="checkbox"/> Part-Time
<input type="checkbox"/>	Name/Designations: _____	Primary Role: <input type="checkbox"/> Principal <input type="checkbox"/> Agency Mgr. <input type="checkbox"/> Producer <input type="checkbox"/> Acct. Mgr. <input type="checkbox"/> CSR <input type="checkbox"/> IT
	E-Mail: _____ Title _____	DOB: _____ Location # : _____ <input type="checkbox"/> Part-Time
<input type="checkbox"/>	Name/Designations: _____	Primary Role: <input type="checkbox"/> Principal <input type="checkbox"/> Agency Mgr. <input type="checkbox"/> Producer <input type="checkbox"/> Acct. Mgr. <input type="checkbox"/> CSR <input type="checkbox"/> IT
	E-Mail: _____ Title _____	DOB: _____ Location # : _____ <input type="checkbox"/> Part-Time
<input type="checkbox"/>	Name/Designations: _____	Primary Role: <input type="checkbox"/> Principal <input type="checkbox"/> Agency Mgr. <input type="checkbox"/> Producer <input type="checkbox"/> Acct. Mgr. <input type="checkbox"/> CSR <input type="checkbox"/> IT
	E-Mail: _____ Title _____	DOB: _____ Location # : _____ <input type="checkbox"/> Part-Time
<input type="checkbox"/>	Name/Designations: _____	Primary Role: <input type="checkbox"/> Principal <input type="checkbox"/> Agency Mgr. <input type="checkbox"/> Producer <input type="checkbox"/> Acct. Mgr. <input type="checkbox"/> CSR <input type="checkbox"/> IT
	E-Mail: _____ Title _____	DOB: _____ Location # : _____ <input type="checkbox"/> Part-Time
<input type="checkbox"/>	Name/Designations: _____	Primary Role: <input type="checkbox"/> Principal <input type="checkbox"/> Agency Mgr. <input type="checkbox"/> Producer <input type="checkbox"/> Acct. Mgr. <input type="checkbox"/> CSR <input type="checkbox"/> IT
	E-Mail: _____ Title _____	DOB: _____ Location # : _____ <input type="checkbox"/> Part-Time
<input type="checkbox"/>	Name/Designations: _____	Primary Role: <input type="checkbox"/> Principal <input type="checkbox"/> Agency Mgr. <input type="checkbox"/> Producer <input type="checkbox"/> Acct. Mgr. <input type="checkbox"/> CSR <input type="checkbox"/> IT
	E-Mail: _____ Title _____	DOB: _____ Location # : _____ <input type="checkbox"/> Part-Time

## Branch Location(s) - in addition to those listed on main application

*There is a \$50 charge per branch location listed. In order to be found on the agency locator at [trustedchoice.com](http://trustedchoice.com), branches must be listed and paid for.*

Location #4 Name (If different than main location) _____			
Mailing Address _____	City _____	State _____	Mail Zip _____
Street Address _____	City _____	State _____	Street Zip _____
Main Contact for this Location _____	Phone _____	County _____	
Location #5 Name (If different than main location) _____			
Mailing Address _____	City _____	State _____	Mail Zip _____
Street Address _____	City _____	State _____	Street Zip _____
Main Contact for this Location _____	Phone _____	County _____	