

Vermont Associate Membership Application



Associate members are state-only corporate members who are entitled to all state membership benefits, excluding voting privileges.

Member no. _____

Fill in completely (please print)

Firm name	Email	Principal
Street address	P.O. Box	
City	County	State ZIP
Phone	Fax	*Additional employee email (Include an additional sheet if necessary.)

Specify principal type of business

- ☐ Insurance company
- ☐ Vendor
- ☐ Life agent *(life business only)*
- ☐ Company individual or branch office
- ☐ Other *(specify)* _____

Business information

On what programs or service(s) would you like more info?

Other spoken languages _____

Number of customers served _____

Sponsor _____

Annual dues—corporate memberships

(dues include all employees)

- ☐ Insurance carrier\$750
- ☐ Insurance vendor\$360
- ☐ 100% life/health or financial advisor\$360

Additional memberships

- ☐ Individual or branch office\$150
(Corporate membership must be maintained)

Name _____

License no. _____

Payment method | Total \$ _____



- ☐ Check enclosed, payable to PIA
- ☐ Credit card—Pay in full
- ☐ Keep my card on file for auto-renewal enrollment

**25 Chamberlain St. • PO Box 997
Glenmont, NY 12077-0997
memberservices@pia.org • www.pia.org
P (800) 424-4244 • F (888) 225-6935**

Account number _____

Expiration date _____ CVC _____

Cardholder name _____

Signature _____