



Membership Application

MIAA membership is open to independent, licensed insurance agencies (individuals, partnerships, or corporations) in the property & casualty business at the completion of this application.

Agency Name: _____

Mailing Address: _____

City/State/Zip: _____

County: _____ Telephone: _____

Fax: _____ Date Established: _____

Web Site Address: _____

Primary Contact: _____

All member information will be directed to the primary contact listed above

What type of business organization is your agency?

Corporation Partnership Sole Proprietorship Other _____

E&O Carrier: _____ E&O Expiration Date: _____

Branch Information *if applicable*

Branch Name: _____

Mailing Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

Website Address: _____

Branch Primary Contact: _____

Please list all Branch locations that share 50% ownership with the main location. Use additional sheet if necessary. Total number of employees for branch location should be included in total of full-time employees when calculating dues.

Agency Staff – All employees will be issued User ID's and Passwords in order to access discounted rates to all MIAA seminars & events - *Use additional sheet if necessary*

Name: _____ Email: _____

Designations: _____ DOB: ____ / ____ / ____

Position: Principal Producer CSR Other _____

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Annual Dues Calculations

For the purpose of determining the proper dues owed, “agency employees” indicates owners, solicitors, producers or brokers (whether issued W-2 or 1099 forms), CSR’s, clerk-typists and other office support staff (including remote workers) in the main agency and all additional locations. Independent producers must be counted unless they maintain a separate MIAA membership. Two part time count as one full-time employee.

\$ _____ Base per agency of \$290.00 for 9 employees or less **OR** \$350.00 for 10 or more employees.

+\$ _____ Number of full-time employees (those working more then (20) hours per week; not to exceed 30 employees @ \$100.00 each. Two part-time equal one full-time. Include branch employees.

+\$ _____ Number of branch locations (separate locations that share 50% ownership with the main agency) @ \$100.00.

= \$ _____ **Total annual dues (add all amounts above)**

¹MIAA annual membership is valid from September 1st through August 31st of the following year. Dues may be prorated.

²The Omnibus Budget Reconciliation Act of 1993 provides that taxpayers will no longer be permitted a tax deduction for expenses incurred in conducting lobbying activities. This means that a portion of your dues to the MIAA will not be deductible as an ordinary and necessary business expense. Notice: Dues to MIAA are not deductible as a charitable contribution but may be deducible as an ordinary and necessary business expense. A portion of the dues, however, is not deductible to the extent that MIAA engages in lobbying. Please contact MIAA to find out what percentage is the non-deductible portion of your dues are for this year.

³Membership is subject to suspension if dues are not paid in a timely manner.

I, we, hereby apply for membership in the Maine Insurance Agents Association, Inc., with annual dues in accordance with the schedule above. It is understood that this also includes membership in the Independent Insurance Agents and Brokers of America, Inc. (IIABA), the Professional Insurance Agents (PIA), and subscription services for all organizations listed in association with MIAA.

If elected to membership, I, we, will abide by the Constitution and By-Laws of this Association.

Signed by Agency Principal

Date

Return all pages to:
MIAA, 17 Carriage Lane, Hallowell, ME 04347 | Gayle@maineagents.net