

## Young Insurance Professionals of Louisiana Membership Application

Member Information:			
Name:			
Agency/Company:			
Business Mailing Address :			
Home Mailing Address:			
Business Phone:	Cell:		
Business Email:			
Referred By:			
Current Position:			
Principal	Producer		
Underwriter	Broker		
Commercial / Personal Lines Manager	Sales Manager		
Marketing Rep.		CSR / Clerical	
☐ Vendor ☐	Other:		
Membership Classifications & Rates*: (Due.	s may be deducted as a business expe	ense as the law provides.)	
Active Member (Agency) <45 yrs of age (select of		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Licensed Employees	\$40.00		
Non-licensed Employees	\$25.00		
Associate Member (Company) <45 yrs of age	\$40.00		
Alumni >45 years of age	\$40.00		
Student	•	*********	
*According to Article II , Section 2 of the By All persons, firms or corporations who make me members, or affiliated with members in good	embership applications to the asso	ciation, must be themselves	
If you are unsure of your employer's PIA Mei	mbership standing, give PIA a qui	ick call at (225) 766-7770.	
Please send your ap	plication and dues payment	t to:	
Young Insurance P	rofessionals of Louisiana (YIF	Ps)	
4021 W.E. Heck Court,	Building K, Baton Rouge, LA	70816	
Total Amount Included:	Card No.:	Sec. Code:	
		Zip Code:	
	Name on Card:		
☐ Visa ☐ MasterCard ☐ AMEX ☐ Check Enclose	ed Signature of Cardholder:		

**Questions?** Contact PIA at (225) 766-7770 or tara@piaoflouisiana.com.

CULTIVATING YOUNG PROFESSIONALS AND FUTURE LEADERS OF PIA BY PROVIDING OPPORTUNITIES FOR EDUCATION AND NETWORKING.