



# Life & Health Agency Membership Application

Life & Health Agency membership shall be available to an insurance agency who is interested in receiving *limited* benefits of membership in PIA of Louisiana. Membership is limited to state level, you will not obtain voting rights in the association, and must meet the following criteria:

1. Represents at least one life and health insurance company on a commission basis for their own account and is legally authorized to represent more than one independent insurance company;
2. Has a current resident agent license to sell life and health insurance with the Louisiana Department of Insurance;
3. Life & Health Agency membership shall also be to firms engaged in the insurance brokerage business who sell insurance, have legal ownership of expirations, but do not represent any insurance companies. A minimum of 51% of revenue is derived through life and health insurance placed directly to the general public.
4. No more than 25% of revenue should be derived through the sale of property and casualty insurance.

## MEMBERSHIP INFORMATION

Agency Name: \_\_\_\_\_

Name (Primary Contact): \_\_\_\_\_ Agent license number: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Agency License Number: \_\_\_\_\_ Company Website: \_\_\_\_\_

Sponsor's Name who introduced you to PIA: \_\_\_\_\_

BRANCH LOCATIONS:	Agency Name	Address, City, State ZIP	Phone Number	Fax Number

## DUES RATE SCHEDULE

A. ONE TIME INITIATION FEE:	\$100.00	→	\$ 100.00
B. STATE DUES:	\$100.00	→	\$ 100.00
C. LOCAL DUES*:			
<input type="checkbox"/> Acadiana (Includes luncheons)	\$ 50.00	} Choose One	
<input type="checkbox"/> Baton Rouge	\$ 25.00		
<input type="checkbox"/> New Orleans (Includes luncheons)	\$165.00		
<input type="checkbox"/> Northeast	\$ 30.00		
<input type="checkbox"/> Northshore	\$ 25.00		
<input type="checkbox"/> Northwest	\$ 25.00		
<input type="checkbox"/> Southwest	\$ 30.00		
<input type="checkbox"/> There is no chapter in my area (Call PIA if you are unsure.)	\$ 0.00		
<input type="checkbox"/> I am not interested in joining a chapter	\$ 0.00		\$ _____
E. LPIA-PAC: (Voluntary Contribution)	\$ 50.00	----->	\$ _____
F. EDUCATION SCHOLARSHIP FUND: (Voluntary Contribution)	\$ 5.00	----->	\$ _____
G. FINANCING ADMINISTRATION FEE‡: (Optional)	\$ 20.00	----->	\$ _____
<b>TOTAL AMOUNT DUE:</b>			<b>\$ _____</b>

\*Local dues are optional for Life & Health Agency members. If you wish to be active in your local chapter, please select the category that applies to your agency.

## PAYMENT

Check (Payable to: PIA of Louisiana, Inc.)       Visa       MasterCard

Cardholder's Name: \_\_\_\_\_ Account #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

PLEASE RETURN YOUR APPLICATION WITH PAYMENT TO: PIA OF LOUISIANA, 8064 SUMMA AVE., STE. C, BATON ROUGE, LA 70809 OR FAX TO (225) 766-1601.