



**Agency Membership Application**

385 Summit Drive Waterford, MI 48328 Phone:1-800.836.8842 Fax:616.454.4491

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

Contact name at agency \_\_\_\_\_

Designation(s) \_\_\_\_\_

Alternate contact(s) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Website Address \_\_\_\_\_

Annual Agency Dues.....\$395.00  
(Make check payable to Michigan PIA)

Signature \_\_\_\_\_ Date \_\_\_\_\_