



PENNSYLVANIATM
SURPLUS LINES ASSOCIATION

PSLA MEMBERSHIP APPLICATION

Type of Membership

- New
 Renewal
 Full Resident \$225
 Full Non-resident \$225
 Branch Office (Resident) \$100
 Branch Office (Non-Resident) \$100
 Associate Supporting \$125

Agency/Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Customer ID# (if applicable) _____ Web Address _____

PA Agency SL License # (if applicable) _____

Is your agency a MGA Wholesaler Retailer Other

Is your agency a member of IIABA PIA CIAB NAPSLO AAMGA

Please list the name(s) of the persons who should receive PSLA Member Services communications. Use a separate sheet for additional names if needed.

Name _____ E-mail _____

Name _____ E-mail _____

Name _____ E-mail _____

Name _____ E-mail _____

May we publish your contact information? Yes No

Include a check (made payable to PSLA) for the dues and return to:
PSLA Member Services, 610 Freedom Drive, Suite 110, King of Prussia, PA 19406

Please call 610-992-0001 or E-mail memberservices@pasla.org if you have any questions.

Print your name and sign this completed form.

Signature _____ Date _____

Print Name _____