



PENNSYLVANIA SURPLUS LINES ASSOCIATION

PSLA MEMBERSHIP INFORMATION FORM

Type of Membership

- New Voting Member Resident
 Renew Voting Member Non-resident

Agency/Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Customer ID # _____ Web Address _____

PA Agency SL License _____

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 _____	Email _____
Name _____	Email _____
Name _____	Email _____

Would you like your contact information to be published on our website?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you like to serve on a Committee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you be interested in serving on the Board when a vacancy occurs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please check if you wish to be removed from the membership rolls of PSLA Yes

Please call Debbie Smailer at 610-594-1340, ext., 103 or email memberservices@pasla.org if you have any questions.

Print your name and sign this completed form.

Print Name _____ Date _____

Signature _____