



LOUISIANA 1752 CLUB

Our Mission:

"To Unite and Inspire Insurance Marketing Professionals to Excellence by Networking, Training, and Mentoring"

APPLICATION FOR MEMBERSHIP

Annual Dues - \$100.00 – Jan thru Dec

NAME: _____

COMPANY: _____

ADDRESS: _____

WORK PHONE#: _____ HOME PHONE # _____

CELL# _____ FAX#: _____

EMAIL ADDRESS: _____

Payment Amount: _____ Payment Type: Check ___ Credit Card ___

Name on Card: _____

Card Number: _____ Exp: _____ Code: _____

Billing Address for Card: _____

City: _____ State: _____ Zip code: _____

Mentoring Program: *The 1752 Club offers a mentoring program to new members to help introduce them to other members and guide them through their first year of membership. If you are interested in being paired up with a seasoned member from your area to mentor you, please check the appropriate box below.*

_____ *Please have a mentor from my area contact me.*

_____ *Please send me contact information so I can reach out to a mentor.*

Referred By: _____

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