



APPLICATION FOR ORGANIZATION MEMBERSHIP

How did you hear about PRIMA? _____

ABOUT YOUR ORGANIZATION

Name of organization _____
Address _____ City _____ State _____ Zip _____ Country _____
Telephone _____ Fax _____ Organization Email _____
Type of business: Government entity Corp/Company Non-profits
Other (please describe) _____
Number of employees _____ Approximate yearly budget _____
Is the organization a state Chapter member? If yes, what chapter? _____

ABOUT THE DESIGNATED KEY CONTACT

First Name _____ MI _____ Last Name _____
Job Title _____ Professional Designations _____
Address _____ City _____ State _____ Zip _____ Country _____
Telephone _____ Fax _____ Email Address (required) _____
How long have you been in risk management? _____

Which of the following services are you presently engaged in? (Check all that apply)

- Training/HR
- Employee benefits
- Owner controlled insurance
- Other ((please describe) _____)
- Risk management services
- Safety & security
- Actuarial services
- Loss control
- Pool governance
- Insurance procurement
- Claims

MEMBERSHIP INFORMATION (Check the one category that applies to you)

- Government (voting member)** - state agencies, local governments and intergovernmental risk sharing pools. **\$385.00**
Members can also hold office. Please check the entity that applies to your organization.
 - City or municipality
 - Special district
 - Joint powers authority
 - County
 - Insurance pool
 - College/university
 - State/province
 - K-12 school system
 - Other (please describe) _____
 - Town/township
 - Village, boroughs
- Corporate Affiliate (non-voting)** - private sector organizations that provide products and services to public risk management sector and professionals. **\$770.00**
- Organizational Affiliate (non-voting)** - non-profits, private colleges/universities, associations and other community organizations. **\$374.00**

PAYMENT METHOD AND INFORMATION

Payment for membership dues may be made by check, Visa, MasterCard and American Express. Please remit payment in US dollars, payable to Public Risk Management Association or simply to PRIMA. **Dues are non-refundable, non-transferable and not prorated.**

For check or money order payments by mail, send to:

Public Risk Management Association, 700 South Washington Street, Suite 218, Alexandria, VA 22314-4291

For credit card payments:

Complete this form with your credit card information and email to membership@primacentral.org or fax to PRIMA at (703) 739-0200.

Visa **MasterCard** **American Express**
Card No. _____ Exp. Date _____ CVC# _____
Name on the credit card _____ Signature _____
Billing address _____ City _____ State _____ Zip _____
Phone # _____ Email address (required for receipt purposes) _____

PRIMA offers additional free subscription to its weekly online newsletter, RiskWatch to two of your colleagues.

Please list their full name and email address: _____

I have read and agree to PRIMA's Code of Ethics (www.primacentral.org/aboutPRIMA/membersip/codeofethics)

Signature _____ Date _____

We're Social! Follow us!

