Fill out this form completely. Offer expires 12/31/2008. Applicant cannot be a current PRIMA member.

TELL US ABOUT YOUR ENTITY:

Name of Entity ________________________________________________________________
Name of Designated Representative ____________________________________________
Title ________________________________________________________________ Professional Designations ______________________________
Mailing Address ________________________________________________________________
City __________________________________ State _______ Zip Code ______________
Phone __________________________________ Fax ____________________________
Email (required) ____________________________________________________________
Type of Entity ___________________________ Operating Budget __________ Population ______________
Number of Full-Time Employees ___________________________

I am a member of ____________________________ chapter.*

Proof of chapter membership is required to receive this special offer. Please check the word(s) corresponding to the attached proof of membership documentation.*

☐ Membership Card ☐ Membership Letter
☐ Membership Roster ☐ Other

What areas of risk management are you responsible for? (check all that apply)

☐ Workers’ Compensation ☐ Pool Governance
☐ Insurance Procurement Management ☐ Enterprise Risk
☐ Claims Administration ☐ Risk Control
☐ Owner-Controlled Insurance Program ☐ Employee Benefits
☐ Emergency Management ☐ Training
☐ Other: ___________________________________________________________________

How many years of risk management experience do you have? *(Required.)

☐ 1-5 ☐ 6-10 ☐ 11-15
☐ 16-20 ☐ 20 or more

MEMBERSHIP REQUIREMENTS, CATEGORIES, AND FEES

Please Note: Membership is held by an entity and not by an individual. Membership dues are not refundable.

☐ Government Member (voting) ................................................. $175*
  State agencies, local governments and intergovernmental risk sharing pool administrators. Government members have voting rights and may hold office.

☐ Associate Member (non-voting) ............................................ $100*
  Additional individuals from Government member state agencies, local governments and intergovernmental risk sharing pools. Associate members do not have voting rights and may not hold office.

(*) 1/2 off regular member dues!)

METHOD OF PAYMENT

☐ Check enclosed to PRIMA. PRIMA can only accept checks drawn upon United States banks in U.S. funds or International Money Orders in U.S. funds.

☐ Visa ☐ MasterCard ☐ Amex

Card No. ____________
Exp. Date Month ___ Year ___
Security Code ____________

(Located on back of card.)

Name as it Appears on the Card ____________________________
Billing Address ____________________________________________
City ____________________________ State _______ Zip Code __________
Signature __________________________________________________
Email (required for receipt) ________________________________

Return your completed form with payment to:
Public Risk Management Association, 500 Montgomery Street, #750, Alexandria, VA 22314

I have read and agree to PRIMA’s Code of Ethics [see www.primacentral.org]:

Signature: ____________________________ Date: ____________________________

Questions? (703) 528-7701 Fax: 703.739.0200 Email: info@primacentral.org Web: www.primacentral.org

PRIMA USE ONLY
Code: ____________