



# 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  Risk management services  Loss control  Claims  
 Employee benefits  Safety & security  Pool governance  
 Owner controlled insurance  Actuarial services  Insurance procurement  
 Other ((please describe) \_\_\_\_\_

### 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  County  State/province  Town/township  
 Special district  Insurance pool  K-12 school system  Village, boroughs  
 Joint powers authority  College/university  Other (please describe) \_\_\_\_\_  
 **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](mailto: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 (<http://primacentral.org/resources/codeofethics.pdf>)

Signature \_\_\_\_\_ Date \_\_\_\_\_

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