

PRIMA Membership Roster Form

<u>Member Type</u>	<u>First Name</u>	<u>Last Name</u>	<u>Title</u>	<u>Email</u>
Company Name:				
Primary Contact				
Roster Member # 1				
Roster Member # 2				
Roster Member # 3				
Roster Member # 4				
Roster Member # 5				
Roster Member # 6				
Roster Member # 7				
Roster Member # 8				
Roster Member # 9				
Roster Member # 10				
Roster Member # 11				
Roster Member # 12				
Roster Member # 13				
Roster Member # 14				

As a organization/corporate membership type - you can add additional roster members to the profile at no extra cost to YOU!

*Need additional employees to receive PRIMA benefits? Contact us!

[Government Associate Member Rate - ONLY \\$220.00 per employee annually](#)

[Corporate Associate Member Rate - ONLY \\$374.00 per employee annually](#)

*Organization must be a PRIMA member in order to purchase/receive the associate member rates.

Please complete and return to Paul Gerardat pgerard@primacentral.org Still have questions? Please call 703.253.1266