



# APPLICATION FOR ORGANIZATION MEMBERSHIP

How did you hear about PRIMA?  Word of Mouth  Ad  Email  Social Media  Direct Referral \_\_\_\_\_

### ABOUT YOUR ORGANIZATION

Name of organization \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Website \_\_\_\_\_  
Number of employees within your department \_\_\_\_\_

### ABOUT THE DESIGNATED KEY CONTACT

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
Job Title \_\_\_\_\_ Professional Designations \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_  
Telephone \_\_\_\_\_ Email Address (*required*) \_\_\_\_\_

Which of the following member benefits are you interested in?

- Webinars  Blog posts  Online Community  Online Tutorials
- Annual Conference  Podcasts  Public Risk Magazine  Career Center
- ERM Training  PRIMA Institute  Networking  PRIMA Cybrary
- Other ((please describe)) \_\_\_\_\_

*Opt In (Select the type of communication you are interested in receiving from PRIMA)*

- Public Risk Magazine  Risk Watch E-Newsletter  Educational opportunities
- Annual Conference Emails  All PRIMA Communications

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

- Government** (*voting member*) - state agencies, local governments and intergovernmental risk sharing pools. **\$425.00**  
Members can also hold office. Please check the entity that applies to your organization. (**required**)
  - 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. **\$899.00**
- Organizational Affiliate** (*non-voting*) - non-profits, private colleges/universities, associations and other community organizations. **\$415.00**

### PAYMENT METHOD AND INFORMATION

Payment for membership dues may be made by check, Visa, MasterCard, Discover and American Express. Please remit payment in US dollars, payable to Public Risk Management Association. *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**  **Discover**  **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 five individual memberships with Government and Corporate Affiliate memberships. A roster form will be emailed to the primary contact upon receipt of payment. Once completed and returned, each individual on the roster will receive full member privileges as well as a unique login and password.*

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

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

*We're Social! Follow us!*

