



# Professional Insurance Marketing Association

## Insurance Company Membership Application

**Organization**

Organization Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City / State / Zip \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

**Voting Member**

Please provide the name and title of the one individual who will be the official representative to PIMA, authorized to cast a vote on appropriate matters and serves as the communication link to the organization.

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

**Associate Membership**

In addition to the voting member, four (4) other key personnel in your organization may become non-voting associate members, eligible to participate in association activities at member rates at no extra charge. Add \$200 each for the sixth (6th) and succeeding associates. *(Please attach additional associates as needed.)*

- 2. \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_
- 3. \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_
- 4. \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_
- 5. \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

If not at the same address as the organization, please provide full contact information on additional page.

**Legal Officer**

Who in your company has the chief responsibility for legal and regulatory matters  
 Name \_\_\_\_\_ Title \_\_\_\_\_

**Dues Schedule**

*Dues payments may be partially deductible as an ordinary and necessary business expense. Dues are non-refundable.*

**\*Insurance Company (Sustaining) Membership**

The schedule opposite establishes your annual dues based upon your annual direct marketed premium volume, and/or revenue from affinity groups, sponsored programs, and/or voluntary employee programs.

<u>Premium Volume</u>	<u>*Annual Dues</u>
C1: \$0 - 4,999,999 .....	\$5,600
C2: 5,000,000 - 9,999,999 .....	\$7,900
C3: 10,000,000 - 14,999,999 ...	\$9,400
C4: 15,000,000 + .....	\$9,700

ENTER APPROPRIATE DUES AMOUNT FROM THE SCHEDULE ABOVE \$ \_\_\_\_\_  
 \$200 each for the sixth (6th) and succeeding associates (over)..... \$ \_\_\_\_\_  
**Total amount due** ..... \$ \_\_\_\_\_

**Complete and Submit**

I understand that this application is subject to review by PIMA's Board of Directors and that PIMA reserves the right to determine acceptability. I certify that the above information is correct.

Organization Name \_\_\_\_\_  
 By (Signature) \_\_\_\_\_ Date \_\_\_\_\_  
 Print Name \_\_\_\_\_ Title \_\_\_\_\_

Payment Method: AMEX VISA MasterCard or Check payable to PIMA  
 Card No. \_\_\_\_\_ Exp Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_

**Payment must accompany this form. Mail along with check payable to: PIMA, 35 E. Wacker Drive, Suite 850, Chicago, IL 60601**



Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

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Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_