

2023 MEMBERSHIP APPLICATION

ORGANIZATION

Organization Name _____ Website _____

Organization Description _____

Mailing Address _____

City _____ State _____ Zip _____ Phone _____

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 serve as the communication link to the organization.

Name _____ Title _____

Phone _____ Email _____

MEMBERSHIP ROSTER

In addition to the voting member, nine (9) other key personnel in your company may become non-voting associate members, eligible to participate in association activities at member rates. Suggested members include CEOs, Executive Vice President, Heads of Sales, Marketing, Regulatory, and Underwriting. If not at the same address as the organization, please provide full contact information on additional page. (Please add additional personnel information on additional page if needed.)

2. Name _____ Title _____ Email _____ Phone _____

3. Name _____ Title _____ Email _____ Phone _____

4. Name _____ Title _____ Email _____ Phone _____

5. Name _____ Title _____ Email _____ Phone _____

6. Name _____ Title _____ Email _____ Phone _____

7. Name _____ Title _____ Email _____ Phone _____

8. Name _____ Title _____ Email _____ Phone _____

9. Name _____ Title _____ Email _____ Phone _____

10. Name _____ Title _____ Email _____ Phone _____

DUES SCHEDULE

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

The schedule below establishes your annual dues. Please select your annual direct marketed premium volume, and/or revenue from affinity groups, sponsored programs, and/or voluntary employee programs.

☐ \$0 - \$4,999,999 ☐ \$5,000,000 - \$9,999,999 ☐ \$10,000,000 - \$19,999,999 ☐ \$20,000,000 +

☐ 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.

☐ Our organization agrees to abide by PIMA's [Code of Conduct](#).

Signature _____ Date _____

Print Name _____ Title _____

Submit Application