

MEMBERSHIP APPLICATION

I. ORGANIZATION

Organization Name _____ Website _____

Organization Description _____

Mailing Address _____

City _____ State _____ Zip _____ Phone _____

II. VOTING MEMBER (REQUIRED)

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 _____

III. MEMBERSHIP ROSTER

Your organization membership allows you to list nine (9) additional key personnel who will be eligible to participate in association activities and qualify for member rates when transacting with PIMA. Suggestions for rostered members include CEOs, Executive Vice Presidents, and 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 _____

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IV. EXPANDED ROSTER (OPTIONAL)

- ☐ I would like to add up to an additional five (5) non-voting associate members, eligible to participate in association activities at member rates. I understand that this 50% increase in rostered members increases base membership dues proportionately by 50% and that I may purchase additional rostered members in increments of five (5) at the same rate at any time. If not at the same address as the organization, please provide full contact information on additional page.

11. Name _____	Title _____	Email _____	Phone _____
12. Name _____	Title _____	Email _____	Phone _____
13. Name _____	Title _____	Email _____	Phone _____
14. Name _____	Title _____	Email _____	Phone _____
15. Name _____	Title _____	Email _____	Phone _____

V. SALES VOLUME

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