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**Application for Membership Northern Alberta Chapter (NARIMS)**

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| Name of Organization Requesting Membership in NARIMS: | | |  | | | | |
|  | | | | | | | |
| Is your Organization a Member of RIMS? | | Yes  No | | If yes, Corporate Membership Number. | | |  |
| Mailing Address: |  | | | | | | |
| City: |  | | | | Province: |  | |
| Postal Code: |  | | | |  | | |
| Area Code and Main Telephone No.: |  | | | |  | | |

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| PRIMARY DEPUTY MEMBER | | | | | | | | | | | |
| Salutation: | Mr. | | Ms | Mrs. | Dr. | | | Other | |  |
| First Name: |  | | Middle Initial: |  | Last Name: | | |  | | |
| Title: |  | | | | | | | | | |
| Area Code and Telephone: | |  | | Extension: |  | Fax: | | |  | |
| E-Mail Address: | |  | | |  | | | | | |
| Are you a full-time employee of the organization requesting membership? | | | | | | | No Yes | | | |

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| DEPUTY MEMBER | | | | | | | | | | | | |
| Salutation: | Mr. | | Ms | Mrs. | Dr. | | | | Other | |  |
| First Name: |  | | Middle Initial: |  | Last Name: | | | |  | | |
| Job Title: |  | | | | | | | | | | |
| Area Code/ Telephone: | |  | | Extension: | |  | Fax: | | |  | |
| E-Mail Address: | |  | | | |  | | | | | |
| Are you a full-time employee of the organization requesting membership? | | | | | | | | No  Yes | | | |

**Associate Members:** Include list of all other persons you would like to receive email notifications of upcoming seminars/events.

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| **Membership Fee $100.00 payable to:** |
| **NARIMS**  **c/o Jason Bossert**  **Foster Park Brokers Inc.,** **17704 103 Ave NW #200, Edmonton, AB T5S 1J9** |