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

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| Name of Organization Requesting Membership in NARIMS:  |       |
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| 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** |