

Demographic Information

New Members please complete the following:

Education: (check one)

- High School
- Associates Degree
- Bachelor's Degree
- Graduate coursework
- Master's Degree
- Doctorate
- Professional Designation

Function: (check all that apply)

- Risk Manager
- Human Resources
- Risk Analyst
- Consultant
- Loss Control
- Safety
- Other – Specify \_\_\_\_\_

Business and Industry Code: \_\_\_\_

- 01 Agriculture, Forestry, Fishing
- 02 Manufacturer (non-durable goods)
- 03 Manufacturer (durable goods)
- 04 Transportation
- 05 Utilities
- 06 Wholesale/Retail Trade
- 07 Finance
- 08 Educational Services
- 09 Employment Services
- 10 Other Services
- 11 Health
- 12 Real Estate
- 13 Insurance
- 14 Government/Municipality
- 15 Construction & Mining
- 16 Oil & Gas
- 17 Library – Corp./Public/Academic
- 18 Hospitality/Tourism
- 19 Independent Consultant
- 20 Other – Specify \_\_\_\_\_



**APPLICATION/RENEWAL FOR SWF RIMS MEMBERSHIP**

Membership may be granted to those persons who, at the time of application are as follows (check one only):

- Professional Membership** (you are an employee or retiree of company having the risk responsibilities) must perform or have performed one or more of the following risk management functions for the benefit of the Member and if applicable, for an affiliated entity of the same economic family.
- Associate Membership** (you are a broker, underwriter, consultant, attorney, accountant, or outsourced risk manager) Individuals who do not meet the qualifications of the other classes of membership, but who demonstrate a bona fide interest in risk management and/or insurance and the mission of the Chapter.
- Educational Membership** An individual whose primary occupation is as a faculty member at an institution of higher learning or chairing a department at such an institution

Professional Members have full voting privileges and may hold office within the Chapter. Associate and Student Members may not vote or hold office within the Chapter.

Date: \_\_\_\_\_

\_\_\_\_\_  
First Name MI Last Name

\_\_\_\_\_  
Job Title & Professional Designations

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Total # of years in field \_\_\_\_\_ Time in present position: \_\_\_\_\_

% of time performing Insurance/Risk related duties: \_\_\_\_\_

Number Employees in your company: \_\_\_\_\_ In dept. \_\_\_\_\_

RIMS National member: Yes \_\_\_\_\_ No \_\_\_\_\_

Referred by (for new applicants only): \_\_\_\_\_

**Southwest Florida RIMS VOLUNTEER OPPORTUNITIES**

SWFL RIMS is an all-volunteer association that encourages active participation in a variety of areas. Please indicate below if you could assist SWFL RIMS Chapter.

Membership	<input type="checkbox"/> Programs
<input type="checkbox"/> Newsletter	<input type="checkbox"/> Annual State Meeting
<input type="checkbox"/> Board Member	<input type="checkbox"/> Scholarships
<input type="checkbox"/> Committee	<input type="checkbox"/> Florida RIMS Conference

**MEMBERSHIP DUES AND FEES**

**SWFL RIMS Chapter Membership**

Professional/Associate Members: \$100.00 annually- includes lunch  
 Deputy Member: \$75.00 annually- includes lunch  
 Retirees: \$50.00-includes lunch  
 Students: FREE  
 Annual Membership only, no lunches \$35.00

**RIMS Membership**

RIMS (National) dues various based on type of membership and are paid direct to RIMS (National), please visit <http://www.rims.org> for more detailed & application.

**Submitting Your SWFL RIMS Application**

Attached your completed application & make your check payable to **SWFL RIMS Chapter** and mail to:

**SWFL RIMS Chapter Membership**  
 c/o Wayne Fiyalko  
 LCEC  
 P O Box 3455  
 North Ft Myers, FL 33917-3455  
 Phone: (239) 656-2384  
 E-Mail: [wayne.fiyalko@lcec.net](mailto:wayne.fiyalko@lcec.net)

I hereby apply for membership in the Southwest Florida Risk & Insurance Management Society, Inc. Association, Federal Tax ID # 65-1125939. I will be responsible for remittance of the \$\_\_\_\_\_ membership fee to the Treasurer of SWFL RIMS Chapter. I recognize and accept the responsibilities incumbent upon me as a member and agree to abide by the Articles of Organization and By-Laws to assist in carrying out the objectives of the Chapter.

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date

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**FOR ADMINISTRATIVE COMPLETION ONLY**

Date application(s)/CV/Check(s) received: \_\_\_\_\_ Check # \_\_\_\_\_ Amount: \_\_\_\_\_  
 Date application approved: \_\_\_\_\_ Not Approved (date): \_\_\_\_\_  
 Reason: \_\_\_\_\_