

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
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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**

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

FOR ADMINISTRATIVE COMPLETION ONLY

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