The South Louisiana Chapter
Risk Insurance Management Society
2016 Membership Application

Please Print or Type

Please check one:

New Membership: [ ] Renewal Membership: [ ]

- ☐ Please find enclosed $150 for new membership for up to two individuals from the same member Company.
- ☐ Please find an additional $50 for each additional member. (See reverse side)

MEMBER COMPANY: _____

COMPANY ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

OFFICE TELEPHONE: _____ **FAX NUMBER:** _____

Company Representative #1: _____

POSITION: _____

E-MAIL ADDRESS: _____

Company Representative #2: _____

POSITION: _____

E-MAIL ADDRESS: _____

Please note: Should your Company have additional members it would like to register, please use the page 2 of this form. **Membership renews each August.**

MAKE CHECK PAYABLE TO:
South Louisiana Chapter of RIMS
C/O: Kelly Camenzuli
5000 W. Esplanade Avenue #298
Metairie, LA 70006

Please do not staple check to application.
Tax I.D. #: 72-0947250

☐ Please find an additional $50 for each additional member.

Company Representative #3: _____

POSITION: _____

E-MAIL ADDRESS:_____

Company Representative #4: _____

POSITION: _____

E-MAIL ADDRESS:_____

Company Representative #5: _____

POSITION: _____

E-MAIL ADDRESS:_____

Company Representative #6: _____

POSITION: _____

E-MAIL ADDRESS:_____

Recap of Dues:

Company Membership (two company representatives) _____

# of additional Members _____ X $50 each = _____

Total due the South Louisiana Chapter of RIMS: _____

FOR SLC-RIMS USE ONLY:
Paid $ _____ on ____ /____ / ____Application Accepted by Board _____

Email Address updated on ____/ ____ / _____ by _____