

1 Organization Information

Insurance Company membership is available to licensed Insurance and Reinsurance Companies.

Organization Name _____

Mailing Address _____

City _____ State/Province _____ Zip/Postal Code _____

Phone _____ Fax _____ Website _____

2 Official Representative to LIDMA

Please provide the name and title of the one individual in your company who will be the official representative to LIDMA, authorized to cast your company's vote on appropriate matters.

Name _____

Title _____

Best Contact Number _____

Email _____

4 Legal Officer

Who in your company has the chief responsibility for legal and regulatory matters?

Name _____

3 Other Representatives

Up to three (3) other personnel in your company may become non-voting members at no extra charge, and be eligible to participate in association activities at member rates.

Name _____

Email _____

Name _____

Email _____

Name _____

Email _____

5 Dues Schedule

Annual Carrier Membership Dues: (required) **\$8,500**

1st year Discount: **\$4,250**

Fall Meeting Registration: **\$649** \$ _____

\$649 per Member company representative
\$749 if dues paid after 8/15

Name _____

Name _____

Name _____

CTO/CIO, CMO, COO, CUO & Legal : **\$449** \$ _____

Name _____

Name _____

Total Enclosed: \$ _____

Association dues are not deductible as charitable contributions for federal income tax purposes; however, dues payments may be deductible as an ordinary and necessary business expense.

6 Choose Payment Method

Payment must accompany this form. Mail along with check payable to:
LIDMA 3227 S. Cherokee Lane, # 1320, Woodstock, Georgia 30188

Please charge this credit card:

Visa MasterCard American Express

Card Number _____

Expiration Date _____

Cardholder Name _____

Cardholder Signature _____

Check is enclosed made payable to LIDMA

7 Submit Application

My company qualifies for membership as a Carrier Member and I understand that this application is subject to review by the LIDMA Board of Directors and that LIDMA reserves the right to determine acceptability.

Completed By _____ Signature _____ Date _____