



**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**

<b>Annual Carrier Membership Dues:</b> (required)	<b>\$8,500</b>
<b>2021 Discount:</b>	<b>\$4,250</b>
<b>Total Enclosed:</b>	<b>\$ _____</b>

**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

**2021 LIDMA Conference**  
**October 17th - 19th**  
**The Brown Palace**  
**Hotel & Spa**  
**Denver, CO**



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.

**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 \_\_\_\_\_