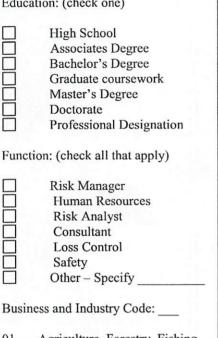
Demographic I	nformation
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New Members please complete the following:

Education: (check one)



01	Agriculture, Forestry, Fishing
02	Manufacturer (non-durable
	goods)

- 03 Manufacturer (durable goods)
- 04 Transportation
- 05 Utilities
- Wholesale/Retail Trade 06
- 07 Finance
- 08 **Educational Services**
- 09 **Employment Services**
- 10 Other Services
- Health 11
- 12 **Real Estate**
- 13 Insurance
- Government/Municipality 14
- Construction & Mining 15
- Oil & Gas 16 17 Library -Corp./Public/Academic
- Hospitality/Tourism 18
- 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 1	Designations	
Business Name:		
City:	State:	Zip Code:
Phone:	Fax:	Email:
Home Address:		
		Zip Code:
Phone:	Email:	
Total # of years in field_	Tir	ne in present position:
% of time performing Ins Number Employees in yo RIMS National member:	ur company:	In dept
Referred by (for new appl	licants 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	Programs
Newsletter	Annual State Meeting
Board Member	Scholarships
Committee	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 <u>http://www.rims.org</u> 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 Cindy LeRoy, City of Cape Coral P O Box 150027 Cape Coral, FL 33915-0027 Phone: (239) 573-3138 E-Mail: <u>cleroy@capecoral.net</u>

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 <u>\$</u>\_\_\_\_\_\_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 COMPLET	FION ONLY

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