



## The South Louisiana Chapter Risk Insurance Management Society 2018 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)

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**MEMBER COMPANY:** \_\_\_\_\_

**COMPANY ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**OFFICE TELEPHONE:** \_\_\_\_\_ **FAX NUMBER:** \_\_\_\_\_

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**Company Representative #1:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

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**Company Representative #2:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

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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.**

(intentionally left blank)

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

**Company Representative #3:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

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**Company Representative #4:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

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**Company Representative #5:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

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**Company Representative #6:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

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Recap of Dues:

Company Membership (two company representatives) \$150

choose # of additional Members \_\_\_\_\_ and hit tab button to calculate \_\_\_\_\_  
((\$50 ea additional member)

Total due the South Louisiana Chapter of RIMS:

**To pay by check:** Choose SUBMIT FORM and mail check to the address below.

**To pay via Paypal:** Select PAY VIA PAYPAL. Your completed form will be forwarded via email and you will be sent to PayPal.

**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

FOR SLC-RIMS USE ONLY:

Paid \$ \_\_\_\_\_ on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Application Accepted by Board \_\_\_\_\_

Email Address updated on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ by \_\_\_\_\_