



IMCA MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Complete an application for member in your company

Mr. Ms. Mrs. Dr. (Please circle)

Name:

IMCA Primary Contact? Yes No

Title:

Organization:

Mailing Address:

City:

State/Province:

ZIP/Postal Code:

Phone:

Cellular:

Fax:

Email:

KEY AREAS OF RESPONSIBILITY

Choose those areas that are applicable – designate the primary area of focus with a "P"

CEO/executive/sr. management

Lobbying/Governmental Affairs

Marketing Communications

Regulatory

Corporate Communications

Electronic Communications

Design & Graphics

Employee Communications

Direct Marketing

External Communications/Relations

Advertising

Investor Relations

Brand Management

Media Relations

Community Relations

Writing

Public Affairs

Publication production

Research

Crisis Communications/Management

Teaching (college or university)

Other _____

TYPE OF COMPANY/ASSOCIATE

Insurance Company – P&C

Wholesaler

Insurance Company – Life/Health

Program Administrator

Insurance Company – All Lines

Broker

Reinsurance

Consultant

Media

Advertising Agency

Public Relations

Supplier/Vendor

Other _____

GEOGRAPHIC AREAS COVERED

National

Northeast

International (i.e. Canada, Bermuda, etc.)

Southeast

Regional

Midwest

Single State

Southwest

Northwest

Other _____



IMCA MEMBERSHIP APPLICATION

PROFESSIONAL AFFILIATIONS/DESIGNATIONS

<input type="checkbox"/> AMA (American Marketing Association)	<input type="checkbox"/> Insurance Media Association
<input type="checkbox"/> Business Marketing Association	<input type="checkbox"/> Insurance Financial Communicators Association
<input type="checkbox"/> PRSA	<input type="checkbox"/> IABC
<input type="checkbox"/> PIMA	<input type="checkbox"/> CLU/CPCU
<input type="checkbox"/> ChFC	<input type="checkbox"/> ARM
<input type="checkbox"/> CIP	<input type="checkbox"/> FCIP
<input type="checkbox"/> Other _____	

ANNUAL DUES

IMCA Dues are assessed annually. Dues are assessed for the period of September 1 through August 31.

Corporate Membership – (three or more individuals):	\$750.00 Annually
Small Company/Individual Membership – (one or two individuals)	\$300.00 Annually
<i>(assessed per individual with a maximum assessment of \$600)</i>	

Total Remitted: \$ _____

PAYMENT

Check (please make check payable to IMCA)

Charge my credit card (*payable in US Dollars at prevailing exchange rate*)

<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX
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Credit Card No: _____ Expiration Date: _____ / _____

Name on Credit Card: _____ USC No.: _____

Signature: _____

CONTACT & REMITTANCE INFORMATION

RETURN YOUR COMPLETED FORM WITH PAYMENT TO:

INSURANCE MARKETING COMMUNICATIONS ASSOCIATION

4916 PT. FOSDICK DRIVE N.W. SUITE 180
GIG HARBOR, WA 98335

PHONE: (206) 219-9811
FAX: (866) 210-2481
EMAIL: TSEIBERT@IMCANET.COM

CONTACT: TEMIE SEIBERT, EXECUTIVE DIRECTOR

THANK YOU!