

2020 Application for Organizational Membership



KNOW RISK?
KNOW RIMS.

PRIMARY REASON FOR JOINING (Please Choose One)

- Networking Events/Chapters Professional Development/Education Risk Management Publications, Tools and Resources ERM/SRM

ABOUT YOUR ORGANIZATION (please print)

Name of organization requesting membership in RIMS _____

Organization's Web site _____ Stock Ticker Symbol _____

Provide a three to five word description of your organization's primary function, i.e., primary care hospital, commercial bank, clothing retailer, etc. _____

Provide your company's primary and secondary four-digit SIC (Standard Industry Classification) code _____

ABOUT YOUR PRIMARY REPRESENTATIVE: (Member responsible for your organization's voting rights in RIMS.)

- Mr. Ms. Mrs. Dr. Other _____

First Name _____ MI _____ Last Name _____ Nickname _____

Job Title _____ Male Female Year of Birth |__|__|__|

Business Mailing Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Telephone _____ Extension _____ Fax _____

Cell Phone _____

E-Mail Address (application will not be processed without e-mail address) _____

Permanent/Home Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Personal E-Mail Address _____

Are you a salaried employee of the organization requesting membership? Yes No

Do you obtain your compensation directly from an organization other than the organization requesting membership? Yes No

Do you have internal risk management responsibilities for your organization? Yes No

Which risk management functions are you directly involved in? (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Risk Professional Functions: | <input type="checkbox"/> Health/medical insurance | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Alternative risk transfer | <input type="checkbox"/> Human resources/capital | <input type="checkbox"/> Sales/service provider (see Part C) |
| <input type="checkbox"/> Audit | <input type="checkbox"/> Information systems/technology | <input type="checkbox"/> Security |
| <input type="checkbox"/> Captives | <input type="checkbox"/> Insurance acquisition | <input type="checkbox"/> Strategic risk management |
| <input type="checkbox"/> Claims | <input type="checkbox"/> Legal | <input type="checkbox"/> Supply Chain |
| <input type="checkbox"/> Compliance | <input type="checkbox"/> Loss control | <input type="checkbox"/> Training |
| <input type="checkbox"/> Disaster planning/business continuity | <input type="checkbox"/> Operational risk management | <input type="checkbox"/> Workers' compensation |
| <input type="checkbox"/> Employee benefits | <input type="checkbox"/> Quality Assurance/Project Management | |
| <input type="checkbox"/> Enterprise risk management | <input type="checkbox"/> Risk assessment | |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Risk Governance | |
| <input type="checkbox"/> Financial risk management | <input type="checkbox"/> Risk Modeling / Analysis / Indicators | |

Do you sell/manage products or services to risk managers or perform services/consulting for risk management clients? (Includes underwriting, selling, brokering, regulating or rating of insurance; actuarial, risk management or employee benefits-related services, risk management consulting; investigation or settlement of losses, providing legal services; or personnel recruitment). Yes No (If you have answered Yes, please complete **Associate of the Society** application.)

Would you like to be included in RIMS online Member Directory? (e-mail address not shown) Yes No

If No, may we release your contact information to other RIMS members upon request? Yes No

Occasionally, RIMS may make your postal and/or email address available to screened third party organizations offering products or services that may interest you. Your contact information is never released directly to these organizations.

Would you like to receive third party information via postal and/or email? Yes No

- I would like to be contacted about volunteer opportunities. I qualify for the Rising Risk Professionals Group (21-35 years old)

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PRIMARY REPRESENTATIVE CHAPTER AFFILIATION

All RIMS Members are required to belong to a local chapter and pay any applicable local chapter dues. What is your Chapter Preference? (see page 4)

Chapter Preference _____ Chapter # |_____|

ABOUT YOUR SECOND REPRESENTATIVE (non-voting)

Photocopy this section for any additional representatives

Mr. Ms. Mrs. Dr. Other _____

First Name _____ MI _____ Last Name _____ Nickname _____

Job Title _____ Male Female Year of Birth |_____|

Business Mailing Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Telephone _____ Extension _____ Fax _____

Cell Phone _____

E-Mail Address (application will not be processed without e-mail address) _____

Permanent/Home Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Personal E-Mail Address _____

Are you a salaried employee of the organization requesting membership? Yes No

Do you obtain your compensation directly from an organization other than the organization requesting membership? Yes No

Do you have internal risk management responsibilities for your organization? Yes No

Which risk management functions are you directly involved in? (Check all that apply)

Risk Professional Functions:

- | | | |
|--|--|--|
| <input type="checkbox"/> Alternative risk transfer | <input type="checkbox"/> Health/medical insurance | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Audit | <input type="checkbox"/> Human resources/capital | <input type="checkbox"/> Sales/service provider (see Part C) |
| <input type="checkbox"/> Captives | <input type="checkbox"/> Information systems/technology | <input type="checkbox"/> Security |
| <input type="checkbox"/> Claims | <input type="checkbox"/> Insurance acquisition | <input type="checkbox"/> Strategic risk management |
| <input type="checkbox"/> Compliance | <input type="checkbox"/> Legal | <input type="checkbox"/> Supply Chain |
| <input type="checkbox"/> Disaster planning/business continuity | <input type="checkbox"/> Loss control | <input type="checkbox"/> Training |
| <input type="checkbox"/> Employee benefits | <input type="checkbox"/> Operational risk management | <input type="checkbox"/> Workers' compensation |
| <input type="checkbox"/> Enterprise risk management | <input type="checkbox"/> Quality Assurance/Project Management | |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Risk assessment | |
| <input type="checkbox"/> Financial risk management | <input type="checkbox"/> Risk Governance | |
| | <input type="checkbox"/> Risk Modeling / Analysis / Indicators | |

Do you sell/manage products or services to risk managers or perform services/consulting for risk management clients? (Includes underwriting, selling, brokering, regulating or rating of insurance; actuarial, risk management or employee benefits-related services, risk management consulting; investigation or settlement of losses, providing legal services; or personnel recruitment). Yes No (If you have answered Yes, please complete **Associate of the Society** application.)

Would you like to be included in RIMS online Member Directory? (e-mail address not shown) Yes No

If No, may we release your contact information to other RIMS members upon request? Yes No

Occasionally, RIMS may make your postal and/or email address available to screened third party organizations offering products or services that may interest you. Your contact information is never released directly to these organizations.

Would you like to receive third party information via postal and/or email? Yes No

I would like to be contacted about volunteer opportunities. I qualify for the Young Risk Practitioners group (22-35 years old)(no fee involved)

SECOND REPRESENTATIVE CHAPTER AFFILIATION

All RIMS Members are required to belong to a local chapter and pay any applicable local chapter dues. What is your Chapter Preference? (see page 4)

Chapter Preference _____ Chapter # |_____|

MEMBERSHIP INFORMATION

Organizations that have employees or consultants with internal risk management responsibilities are eligible to be Organizational members. Two individuals with internal risk management responsibilities are included in these dues. Additional member representatives (subject to approval) may be added at an annual cost of \$225 U.S. per person, plus applicable local chapter dues. Complete a second representative section for each additional representative. **Organizational membership is held by the organization, not by the individual member.** RIMS membership is valid for one year from the date your application is approved.



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MEMBERSHIP DUES

Organizational Membership Dues (includes 2 reps.) - \$600 U.S. per company \$650.00 U.S. Chapter Dues* (for each individual) \$ _____ U.S.
 Additional Member Representative Dues - \$240.00 U.S. each \$ _____ Total \$ _____ U.S.

Membership Dues are not refundable and are not prorated.

*Chapter dues are mandatory; if not included with this application they will be billed directly to your credit card or invoiced by RIMS or the Chapter. Please refer to page 3 of this application for chapter dues listing. The most up-to-date pricing can be found on www.RIMS.org. Membership applications are processed upon receipt of full payment of all membership dues. You will receive an e-mail notification of your active membership after your application is processed and approved. Please allow up to 2 weeks for processing.

U.S. Taxpayers: RIMS dues are not deductible as a charitable contribution for tax purposes but may be deductible as a business expense. 14% of 2020 Society Dues are not deductible due to lobbying. Members will be advised each year of the non-deductible portion of the Society dues on their renewal invoice.

RIMS Federal Tax ID# 13-1860397. If you need a W9 tax form, it is available at www.RIMS.org/W9.

PAYMENT METHOD AND INFORMATION

Payment for membership dues may be made by check, Visa, MasterCard, American Express and Bank Transfers. Please remit payment in U.S. dollars, drawn on a U.S. bank, payable to Risk and Insurance Management Society, Inc.

For check or money order payments via regular mail:

Risk and Insurance Management Society, Inc., P.O. Box 95000-2345, Philadelphia, PA 19195-2345

For bank transfers:

Please contact RIMS Client Services at 212-286-9292 or CST@RIMS.org.

For credit card payments:

You may fax the completed application with your credit card payment to 212-655-7430 or email to cst@RIMS.org.

If you prefer to mail your application, use the following address:

Risk and Insurance Management Society, Inc.
 Attention: Membership Dept.
 1407 Broadway, 29th FL
 New York, NY 10018

RIMS USE ONLY

Please bill my credit card: American Express Visa MasterCard

Card No. _____ Exp. Date _____ Security Code _____

Print Name as it appears on card _____

Signature _____

MEMBERSHIP PLEDGE

I verify that the information herein is true and accurate, and that I have read Article IV – Membership, Section 1 of RIMS Constitution and Bylaws on page 5 and hereby certify that our organization is eligible for membership in the Risk and Insurance Management Society, Inc. I further affirm that our organization will subscribe to the objectives of RIMS and abide by RIMS Constitution and Bylaws and any amendments thereto (located at www.RIMS.org/bylaws).

Name of Organization _____

Signature of Primary Representative _____ Date _____

I understand that by providing my mailing address, e-mail address, telephone number and fax number, I consent to receive communications sent by or on behalf of RIMS via these media. I also understand that RIMS will not share my e-mail address with other organizations.

The Membership Dues are printed on this form. Chapter dues vary from chapter to chapter. The most up to date pricing can be found on www.RIMS.org. Membership or Chapter dues not included with this application or renewal will be billed directly to your credit card or invoiced by RIMS or the Chapter. Membership will not be processed until full payment is received. Please call 212.286.9292 for questions regarding total amount due.

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All dues are per individual and are shown in US dollars.

UNITED STATES

ALABAMA

001 Alabama (Birmingham) \$150

ALASKA

074 Alaska (Anchorage) \$75

ARIZONA

049 Arizona Central (Phoenix) \$125

CALIFORNIA

028 Golden Gate (San Francisco) \$70

033 Los Angeles \$100

052 Orange County (Orange) \$75

088 Sacramento Valley \$100

045 San Diego \$60

073 Silicon Valley \$100

COLORADO

018 Rocky Mountain (Denver) \$85

CONNECTICUT

012 Connecticut Valley (Hartford County) \$100

044 Fairfield/Westchester (Greenwich) \$75

DELAWARE

014 Delaware Valley/Philadelphia \$75

DISTRICT OF COLUMBIA

070 Potomac (Washington, D.C.) \$100

FLORIDA

016 Broward (Fort Lauderdale) \$30

085 Central Florida (Orlando) \$50

093 Greater Miami \$50

065 Northeast Florida (Jacksonville) \$100

089 Palm Beach \$50

090 Southwest Florida (Naples) *Chapter Collects*

048 Tampa Bay \$50

GEORGIA

003 Atlanta \$50

HAWAII

019 Hawaii (Honolulu) \$20

ILLINOIS

009 Chicago \$75

083 Mid-Illinois (Peoria/Bloomington) \$60

INDIANA

042 Indiana (Indianapolis) \$200

IOWA

086 Greater Quad Cities (Muscatine) \$50

060 Iowa (Des Moines) \$35

KANSAS

017 Greater Kansas City \$35

LOUISIANA

034 South Louisiana (New Orleans) \$50

MARYLAND

008 Chesapeake (Baltimore) \$50

070 Potomac (Washington, D.C.) \$90

MASSACHUSETTS

022 Massachusetts (Boston) \$85

MICHIGAN

015 Detroit \$50

MINNESOTA

024 Minnesota (Minneapolis) \$50

MISSOURI

017 Greater Kansas City \$35

084 Ozarks Area (Springfield) \$15

032 St. Louis \$75

NEBRASKA

043 Great Plains (Omaha) \$50

NEVADA

081 Nevada (Las Vegas) \$165

105 Northern Nevada \$25

NEW JERSEY

026 New Jersey (Basking Ridge) \$75

014 Delaware Valley (Philadelphia) \$75

NEW YORK

101 Long Island (Woodbury) \$100

027 New York (New York City) \$75

036 Upstate New York (Rochester) \$60

NORTH CAROLINA

005 Carolinas (Charlotte) \$75

047 Piedmont (Raleigh-Durham) \$55

OHIO

007 Central Ohio (Columbus) \$50

010 Ohio River Valley (Cincinnati) \$75

011 Northeast Ohio (Cleveland) \$50

087 Toledo \$50

OKLAHOMA

072 Central Oklahoma (Oklahoma City) \$125

029 Eastern Oklahoma (Tulsa) \$80

OREGON

030 Oregon (Portland) \$50

PENNSYLVANIA

058 Central Penn (Harrisburg) *Chapter Collects*

014 Delaware Valley (Philadelphia) \$75

031 Pittsburgh \$50

SOUTH CAROLINA

076 Palmetto (Columbia) \$50

071 Western Carolina (Greenville) \$15

TENNESSEE

059 Cumberland (Nashville) \$75

023 Memphis \$110

TEXAS

080 Central Texas (Austin) \$125

013 Dallas-Fort Worth \$60

020 Houston \$55

056 South Texas (San Antonio) \$55

UTAH

069 Utah (Salt Lake City) \$50

VIRGINIA

070 Potomac (Washington, D.C.) \$90

037 Virginia (Williamsburg) \$75

WASHINGTON

108 Spokane \$75

038 Washington (Seattle) \$100

WISCONSIN

039 Wisconsin (Milwaukee) \$90

CANADA (in U.S.\$ equivalent)

ALBERTA

061 Northern Alberta (Edmonton) *Chapter Collects*

002 Southern Alberta (Calgary) \$35

BRITISH COLUMBIA

004 British Columbia (Vancouver) *US \$25*

MANITOBA

051 Manitoba (Winnipeg) *US \$35*

NEW BRUNSWICK/ NOVA SCOTIA

091 Maritime Chapter *Chapter Collects*

NEWFOUNDLAND & LABRADOR

063 Newfoundland & Labrador (St. John's) \$35

ONTARIO

062 Canadian Capital (Ottawa) *US \$50*

035 Ontario (Toronto) *US \$50*

PRINCE EDWARD ISLAND

091 Maritime Chapter *Chapter Collects*

QUEBEC

025 Quebec (Montreal) *US \$50*

SASKATCHEWAN

064 Saskatchewan (Saskatoon/Regina) *US \$100*

AUSTRALASIA

107 (Sydney/Melbourne) *Chapter Collects*

JAPAN

103 Japan (Tokyo) *Chapter Collects*

MEXICO

104 Mexico (Monterrey) *Chapter Collects*

NEW ZEALAND AND PACIFIC ISLANDS

109 New Zealand and Pacific Chapter (Auckland, NZ) *Chapter Collects*

All dues subject to change.
Chapter Collects = chapter will invoice directly for chapter dues.

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