



Tampa Bay Public Risk Managers Association, Inc.

New and Renewal Membership Application and Invoice

CHAPTER MEMBERSHIP DUES FOR YEAR 2008

About Your Entity

Name of organization or company _____

Type of Business _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

Contact at e-mail address _____

Please complete below in the appropriate category for each new member

Government Entity Members

Designated Member \$25 - an entity may have only one designated (voting) member

Name _____ Title _____

Associate Members \$25 each - no limit

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Risk Management or Insurance Business, Corporate and Organization Affiliate Members

\$50 each member - no limit

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Total amount due for Chapter memberships from
January 1, 2008 through December 31, 2008 \$ _____

Please make check payable to: Tampa Bay Public Risk Managers Association, Inc
Federal EIN 59-3744363

Send to: Richard Swann, Chapter Treasurer, P.O. Box 173691, Tampa, Florida, 33672