



Tampa Bay Public Risk Managers Association, Inc.

New and Renewal Membership Application and Invoice

CHAPTER MEMBERSHIP DUES FOR YEAR 2012

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 member ** Required Information*

Government Entity Members

Designated Member \$35 - an entity may have only one designated (voting) member

Name _____ Title _____

Associate Members \$35 each - no limit

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Risk Management or Insurance Business, Corporate and Organization Affiliate Members

\$65 each member - no limit

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Total amount due for Chapter memberships from
January 1, 2012 through December 31, 2012 \$ _____

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

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