



# Tampa Bay Public Risk Managers Association, Inc.

New and Renewal Membership Application and Invoice

## CHAPTER MEMBERSHIP DUES FOR YEAR 2010

### 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 \$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, 2010 through December 31, 2010 \$ \_\_\_\_\_

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