

### 1 Organization Information

Carrier membership is available to licensed Insurance Companies.

Organization Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Website \_\_\_\_\_

### 2 Official Representative to LIDMA

Please provide the name and title of the one individual in your company who will be the official representative to LIDMA, authorized to cast your company's vote on appropriate matters.

Name \_\_\_\_\_

Title \_\_\_\_\_

Best Contact Number \_\_\_\_\_

Email \_\_\_\_\_

### 4 Legal Officer

Who in your company has the chief responsibility for legal and regulatory matters?

Name \_\_\_\_\_

### 3 Other Representatives

Up to three (3) other personnel in your company may become non-voting members at no extra charge, and be eligible to participate in association activities at member rates.

Name \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

Email \_\_\_\_\_

### 5 Dues Schedule

Annual Carrier Membership Dues: (required) \$ \_\_\_\_\_

Fall Meeting Registration: \$649 \$ \_\_\_\_\_

\$649 per Member company representative  
\$749 if dues paid after 8/15

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

CTO/CIO, CMO, COO, CUO & Legal : \$449 each \$ \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Total Enclosed: \$ \_\_\_\_\_

Association dues are not deductible as charitable contributions for federal income tax purposes; however, dues payments may be deductible as an ordinary and necessary business expense.

### 6 Choose Payment Method

Payment must accompany this form. Mail along with check payable to:  
LIDMA 3227 S. Cherokee Lane, # 1320, Woodstock, Georgia 30188

Please charge this credit card:

Visa  MasterCard  American Express

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Check is enclosed made payable to LIDMA

### 7 Submit Application

My company qualifies for membership as a Carrier Member and I understand that this application is subject to review by the LIDMA Board of Directors and that LIDMA reserves the right to determine acceptability.

Completed By \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_