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Associate Member Application

My company is a : (Please check the appropriate category)

Reinsurance Broker Reinsurer under \$10B Reinsurer over \$10B Law Firm Adjuster/Other.

Please provide the following information: (Please type or print neatly)

Name of Organization _____

Mailing Address _____

Telephone Number _____ Extension _____

Fax Number _____ 800 Number _____

E-mail Address _____ Website _____

Managing Officer and Title _____

Name and Title of Contact person if Other than Managing Officer _____

PAMIC Associate Membership is available only to firms supplying services or products to the insurance industry. The Services and /or Products which our company provides are: _____

Please list (2) two insurance companies who have used your services and/or products within the last 18 months prior to the date of this application.

(1) _____ (2) _____

Please list memberships in the any other Associations that represent your Industry/ Profession.

(1) _____ (2) _____

On behalf of the company listed above, I hereby apply for Associate Membership in the Pennsylvania Association of Mutual Insurance Companies (PAMIC). If this application is accepted by the PAMIC Board of Directors, this company agrees to support PAMIC's objectives in perpetuating the concept of mutual insurance and observe the terms and conditions governing associate membership, as set forth in PAMIC's By-Laws, and pay the established dues.

Date: _____ Nominated by: _____

(Signature of a PAMIC Member Company Officer)

Name of PAMIC Member Company _____

Applicant: _____ Date: _____

(Signature and Title)

Section 10701 of the Revenue Act of 1987 requires the Association to state that...contributions or gifts to this organization are not deductible as charitable contributions for Federal Income Tax purposes. However, payment of membership dues are deductible as an ordinary and necessary business expense.