



1017 Mumma Road, Suite 103
Wormleysburg, PA 17043
Telephone: 717-303-0197
Fax: 717-303-1501
E-mail: pamic@pamic.org
Website: www.pamic.org

PAMIC Membership Application

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 _____

List names of other officers, their titles, and the dates elected to their position:

(1) _____ (2) _____

(3) _____ (4) _____

Date Company was Formed: _____ States in which your company writes business: _____

Lines of Business: _____

Direct Written Premiums for the Past 3 years:

Last Year _____ 2 Years Ago _____ 3 Years Ago _____

PA Total Last Year _____ 2 Years Ago _____ 3 Years Ago _____

On behalf of the company listed above, I hereby make application for membership in the Pennsylvania Association of Mutual Insurance Companies (PAMIC). If this application is approved, this company will abide by PAMIC's By-Laws, support its objectives and pay the established dues.

Date: _____ Company Name: _____

Signed By: _____

Please print the name and title of the individual above: _____

**** 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.**