

2012 Application for Corporate Membership



KNOW RISK?
KNOW RIMS.

How did you hear about RIMS? _____

PRIMARY REASON FOR JOINING (Please Choose One)

- Networking Opportunities/Chapters Professional Development/Education Risk Management Tools and Resources Government Affairs/Advocacy

ABOUT YOUR ORGANIZATION (please print)

Name of organization requesting membership in RIMS _____

Organization's Web site _____ Stock Ticker Symbol _____

Provide a three to five word description of your organization's primary function, i.e., primary care hospital, commercial bank, clothing retailer, etc. _____

Provide your company's primary and secondary four-digit SIC (Standard Industry Classification) code _____

ABOUT YOUR PRIMARY REPRESENTATIVE: (Deputy responsible for your organization's voting rights in RIMS.)

- Mr. Ms. Mrs. Dr. Other _____

First Name _____ MI _____ Last Name _____ Nickname _____

Job Title _____ Male Female Year of Birth [][][][]

Business Mailing Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Telephone _____ Extension _____ Fax _____

Cell Phone _____

E-Mail Address (application will not be processed without e-mail address) _____

Permanent/Home Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Personal E-Mail Address _____

Are you a salaried employee of the organization requesting membership? Yes No

Do you obtain your compensation directly from an organization other than the organization requesting membership? Yes No

Do you have internal risk management responsibilities for your organization? Yes No

Which risk management functions are you directly involved in? (Check all that apply)

Property/Casualty

- Alt. Risk Transfer Claims Management Insurance Purchase Risk Control Self Insurance

Other

- Captives Disaster Planning/Business Continuity Enterprise Risk Management Environmental
 Financial Risk Management Governance/Compliance Health/Wellness HR/Benefits
 IT Risk Management Legal Liability Operational Risk Management
 Risk Assessment Safety Security Strategic Risk Management
 Supply Chain Workers' Compensation

Do you sell/manage products or services to risk managers or perform services/consulting for risk management clients? (Includes underwriting, selling, brokering, regulating or rating of insurance; actuarial, risk management or employee benefits-related services, risk management consulting; investigation or settlement of losses, providing legal services; or personnel recruitment). Yes No (If you have answered Yes, please complete **Associate of the Society** application.)

Would you like to be included in RIMS online Member Directory? (e-mail address not shown) Yes No

If No, may we release your contact information to other RIMS members upon request? Yes No

Occasionally, RIMS may make your postal and/or email address available to screened third party organizations offering products or services that may interest you. Your contact information is never released directly to these organizations.

Would you like to receive third party information via postal and/or email? Yes No

I would like to be contacted about volunteer opportunities.

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PRIMARY REPRESENTATIVE (DEPUTY) CHAPTER AFFILIATION

All RIMS Members are required to belong to a local chapter and pay any applicable local chapter dues. What is your Chapter Preference? (see page 4)

Chapter Preference _____ Chapter # | _ | _ | _ | _ |

ABOUT YOUR SECOND REPRESENTATIVE (non-voting)

Photocopy this section for any additional representatives

Mr. Ms. Mrs. Dr. Other _____

First Name _____ MI _____ Last Name _____ Nickname _____

Job Title _____ Male Female Year of Birth | _ | _ | _ | _ |

Business Mailing Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Telephone _____ Extension _____ Fax _____

Cell Phone _____

E-Mail Address (application will not be processed without e-mail address) _____

Permanent/Home Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Personal E-Mail Address _____

Are you a salaried employee of the organization requesting membership? Yes No

Do you obtain your compensation directly from an organization other than the organization requesting membership? Yes No

Do you have internal risk management responsibilities for your organization? Yes No

Which risk management functions are you directly involved in? (Check all that apply)

Property/Casualty

Alt. Risk Transfer Claims Management Insurance Purchase Risk Control Self Insurance

Other

Captives Disaster Planning/Business Continuity Enterprise Risk Management Environmental
 Financial Risk Management Governance/Compliance Health/Wellness HR/Benefits
 IT Risk Management Legal Liability Operational Risk Management
 Risk Assessment Safety Security Strategic Risk Management
 Supply Chain Workers' Compensation

Do you sell/manage products or services to risk managers or perform services/consulting for risk management clients? (Includes underwriting, selling, brokering, regulating or rating of insurance; actuarial, risk management or employee benefits-related services, risk management consulting; investigation or settlement of losses, providing legal services; or personnel recruitment). Yes No (If you have answered Yes, please complete **Associate of the Society** application.)

Would you like to be included in RIMS online Member Directory? (e-mail address not shown) Yes No

If No, may we release your contact information to other RIMS members upon request? Yes No

Occasionally, RIMS may make your postal and/or email address available to screened third party organizations offering products or services that may interest you. Your contact information is never released directly to these organizations.

Would you like to receive third party information via postal and/or email? Yes No

I would like to be contacted about volunteer opportunities.

SECOND REPRESENTATIVE (DEPUTY) CHAPTER AFFILIATION

All RIMS Members are required to belong to a local chapter and pay any applicable local chapter dues. What is your Chapter Preference? (see page 4)

Chapter Preference _____ Chapter # | _ | _ | _ | _ |

MEMBERSHIP INFORMATION

Organizations that have employees with internal risk management responsibilities are eligible to be Corporate members. Two employees with internal risk management responsibilities are included in Corporate dues. Additional Corporate member representatives (subject to approval) may be added at an annual cost of \$170 U.S. per person, plus applicable local chapter dues. Complete a Corporate Member second representative section for each additional representative. **Corporate membership is held by the organization, not by the individual Deputy.** RIMS membership is valid for one year from the date you join.



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MEMBERSHIP DUES

Corporate Membership Dues (includes 2 reps.) - \$525 U.S. per company \$525 U.S. Chapter Dues* \$_____ U.S.
 Additional Corporate Member Representative Dues - \$170 U.S. each \$_____ Total \$_____ U.S.

Membership Dues are not refundable and are not prorated.

*Chapter dues are mandatory; if not included with this application they will be billed directly to your credit card or invoiced by RIMS or the Chapter. Please refer to page 3 of this application for chapter dues listing. The most up-to-date pricing can be found on www.RIMS.org. Membership applications are processed upon receipt of full payment of all membership dues. You will receive an e-mail notification of your active membership after your application is processed and approved. Please allow up to 2 weeks for processing.

U.S. Taxpayers: RIMS dues are not deductible as a charitable contribution for tax purposes but may be deductible as a business expense. 16.5% of 2012 Society Dues are not deductible due to lobbying. Members will be advised each year of the non-deductible portion of the Society dues on their renewal invoice.

RIMS Federal Tax ID# 13-1860397. If you need a W9 tax form, it is available at www.RIMS.org/W9.

PAYMENT METHOD AND INFORMATION

Payment for membership dues may be made by check, Visa, MasterCard, American Express and Bank Transfers. Please remit payment in U.S. dollars, drawn on a U.S. bank, payable to Risk and Insurance Management Society, Inc.

For check or money order payments via regular mail:

Risk and Insurance Management Society, Inc., P.O. Box 95000-2345, Philadelphia, PA 19195-2345

For bank transfers*:

TD Bank, 469 Seventh Avenue, New York, NY 10018
 Account name: RIMS Operating Account
 Account number: 7920319089
 ABA number: 026013673
 Swift number: NRTHUS33

* Bank Transfers must include the applicant's name(s) and company. For accurate processing enclose a copy of your bank order with your membership application. Applicant is responsible for all bank charges. Please add an additional \$30 U.S. for bank transfers administrative fee.

For credit card payments:

You may fax the completed application with your credit card payment to 212-655-7430 or email to membership@RIMS.org.

If you prefer to mail your application, use the following address:

Risk and Insurance Management Society, Inc.
 Attention: Membership Dept.
 1065 Avenue of the Americas - 13th Floor
 New York, NY 10018-2506

RIMS USE ONLY

Please bill my credit card: American Express Visa MasterCard
 Card No. _____ Exp. Date _____
 Print Name as it appears on card _____
 Signature _____

MEMBERSHIP PLEDGE

I verify that the information herein is true and accurate, and that I have read Article IV – Membership, Section 1 of RIMS Constitution and Bylaws on page 5 and hereby certify that our organization is eligible for membership in the Risk and Insurance Management Society, Inc. I further affirm that our organization will subscribe to the objectives of RIMS and abide by RIMS Constitution and Bylaws and any amendments thereto (located at www.RIMS.org/bylaws).

Name of Organization _____
 Signature of Primary Representative _____ Date _____

I understand that by providing my mailing address, e-mail address, telephone number and fax number, I consent to receive communications sent by or on behalf of RIMS via these media. I also understand that RIMS will not share my e-mail address with other organizations.

The Membership Dues are printed on this form. Chapter dues vary from chapter to chapter. The most up to date pricing can be found on www.RIMS.org. Membership or Chapter dues not included with this application or renewal will be billed directly to your credit card or invoiced by RIMS or the Chapter. Membership will not be processed until full payment is received. Please call 212.655.6220 for questions regarding total amount due.

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All dues are per individual and are shown in US dollars.

UNITED STATES

ALABAMA

001 Alabama (Birmingham) \$100

ALASKA

074 Alaska (Anchorage) \$75

ARIZONA

049 Arizona Central (Phoenix) \$100

CALIFORNIA

028 Golden Gate (San Francisco) \$70

033 Los Angeles \$50

052 Orange County (Orange) \$50

088 Sacramento Valley \$25

045 San Diego \$25

073 Silicon Valley \$100

COLORADO

018 Rocky Mountain (Denver) \$75

CONNECTICUT

012 Connecticut Valley (Hartford County) \$25

044 Fairfield/Westchester (Greenwich) \$25

DELAWARE

014 Delaware Valley/Philadelphia \$65

DISTRICT OF COLUMBIA

070 Potomac (Washington, D.C.) \$50

FLORIDA

016 Broward (Fort Lauderdale) \$30

085 Central Florida (Orlando) \$20

093 Greater Miami \$50

065 Northeast Florida (Jacksonville) \$80

089 Palm Beach \$50

090 Southwest Florida (Naples) *Chapter Collects*

048 Tampa Bay \$50

GEORGIA

003 Atlanta \$50

HAWAII

019 Hawaii (Honolulu) \$15

ILLINOIS

009 Chicago \$50

083 Mid-Illinois (Peoria/Bloomington) \$50

INDIANA

042 Indiana (Indianapolis) \$200

IOWA

086 Greater Quad Cities (Muscatine) \$50

060 Iowa (Des Moines) \$35

KANSAS

017 Greater Kansas City \$35

KENTUCKY

053 Kentuckiana/Bluegrass \$45

LOUISIANA

034 South Louisiana (New Orleans) \$50

MARYLAND

008 Chesapeake (Baltimore) \$50

070 Potomac (Washington, D.C.) \$50

MASSACHUSETTS

022 Massachusetts (Boston) \$75

MICHIGAN

015 Detroit \$50

054 Western Michigan (Grand Rapids) \$25

MINNESOTA

024 Minnesota (Minneapolis) \$50

MISSOURI

017 Greater Kansas City \$35

084 Ozarks Area (Springfield) \$15

032 St. Louis \$75

NEBRASKA

043 Great Plains (Omaha) \$50

NEVADA

081 Nevada (Las Vegas) \$75

105 Northern Nevada \$25

NEW JERSEY

026 New Jersey (Somerset) \$75

014 Delaware Valley (Philadelphia) \$65

NEW YORK

101 Long Island (Woodbury) \$100

027 New York (New York City) \$75

036 Upstate New York (Rochester) \$50

NORTH CAROLINA

005 Carolinas (Charlotte) \$75

047 Piedmont (Raleigh-Durham) \$30

OHIO

007 Central Ohio (Columbus) \$50

010 Ohio River Valley (Cincinnati) \$75

011 Northeast Ohio (Cleveland) \$50

087 Toledo \$50

OKLAHOMA

072 Central Oklahoma (Oklahoma City) \$100

029 Eastern Oklahoma (Tulsa) \$80

OREGON

030 Oregon (Portland) \$40

PENNSYLVANIA

058 Central Penn (Harrisburg) *Chapter Collects*

014 Delaware Valley (Philadelphia) \$65

031 Pittsburgh \$40

SOUTH CAROLINA

076 Palmetto (Columbia) \$50

071 Western Carolina (Greenville) \$15

TENNESSEE

059 Cumberland (Nashville) \$50

023 Memphis \$110

TEXAS

080 Central Texas (Austin) \$65

013 Dallas-Fort Worth \$60

020 Houston \$55

056 South Texas (San Antonio) \$50

UTAH

069 Utah (Salt Lake City) \$50

VIRGINIA

070 Potomac (Washington, D.C.) \$50

037 Virginia (Williamsburg) \$75

WASHINGTON

038 Washington (Seattle) \$35

WISCONSIN

039 Wisconsin (Milwaukee) \$50

CANADA (in U.S.\$ equivalent)

ALBERTA

061 Northern Alberta (Edmonton) *Chapter Collects*

002 Southern Alberta (Calgary) *Chapter Collects*

BRITISH COLUMBIA

004 British Columbia (Vancouver) *US \$25*

MANITOBA

051 Manitoba (Winnipeg) *US \$25*

NEW BRUNSWICK/ NOVA SCOTIA

091 Maritime Chapter *Chapter Collects*

NEWFOUNDLAND & LABRADOR

063 Newfoundland & Labrador (St. John's)
Chapter Collects

ONTARIO

062 Canadian Capital (Ottawa) *US \$30*

035 Ontario (Toronto) *US \$49.39*

PRINCE EDWARD ISLAND

091 Maritime Chapter *Chapter Collects*

QUEBEC

025 Quebec (Montreal) *US \$50*

SASKATCHEWAN

064 Saskatchewan (Saskatoon/Regina) *US \$100*

JAPAN

103 Japan (Tokyo) *Chapter Collects*

MEXICO

104 Mexico (Monterrey) *Chapter Collects*

All dues subject to change.

Chapter Collects = chapter will invoice directly for chapter dues.

Article IV - Membership Part A

ARTICLE IV - MEMBERSHIP

Section 1. Classes of Membership.

A. Class I - Corporations or Other Legal Entities (hereinafter "Member")

1. A Member corporation or legal entity must:
 - subscribe to the objectives of RIMS;
 - agree to abide by RIMS Constitution and Bylaws;
 - have been accepted for membership by a chapter, or for non-chapter membership by RIMS Director of Membership & Chapter Services (or other staff equivalent position) after taking into consideration geographic location, travel time and other extenuating circumstances;
 - at all times be represented by a Deputy (subject to eligibility requirements) who is a salaried employee of the Member (or affiliated entity of the same economic family); and
 - pay membership dues, which shall be fixed by RIMS Board of Directors.

A wholly owned subsidiary of a Member that has its own risk management department and/or individual(s) performing the risk management function solely for the subsidiary must have its own membership.

2. A Member corporation or legal entity may:
 - designate two Deputies, a primary and a secondary, for its membership dues. The primary deputy is responsible for exercising the voting rights of the member organization with the secondary deputy serving as the back up; and
 - designate additional deputies for a fee set by the Board of Directors.

3. A Deputy shall be a salaried employee of a Member company or affiliated entity of the same economic family having regular duties in risk or insurance management and/or employee benefits management, who shall have been designated by a Member to exercise the rights of that member.

A Deputy:

- a. must perform one or more of the following risk management functions for the benefit of the Member, and if applicable, for an affiliated entity of the same economic family:
 - risk administration;
 - risk assessment;
 - loss control;
 - risk financing; or
 - funding/selection/administration relative to property/casualty or employee benefits programs.
- b. must not engage in any of the following prohibited activities for any non-affiliated entities:
 - underwriting of insurance;
 - selling or brokering of insurance;
 - regulating of insurance;
 - rating of insurance;
 - ctuarial services relating to insurance;
 - investigation and/or settlement of losses;
 - providing risk management or employee benefits-related services, including but not limited to risk management consulting, rehabilitation, mediation, environmental services, disaster recovery, etc.;
 - providing legal services; or
 - executive recruitment and/or personnel recruitment.
- c. may vote, hold office and chair or serve on a committee.