



## REGISTER NOW!

### Application Form for RIMS Fellow Candidacy

The following is my application for RIMS Fellow candidacy. I also understand that this is an application for membership in the Global Risk Management Institute, Inc. (GRMI).

Send transcripts and application form to: Global Risk Management Institute, Inc.,  
P.O. Box 95000-2520, Philadelphia, PA 19195-2520.

For further information, contact us by E-mail: fellow@RIMS.org or by telephone 212-655-6221

Mr. /Ms.: \_\_\_\_\_ Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

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

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

Country: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Country: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**RIMS Fellow Candidacy/GRMI Membership Dues** **US\$50.00**

### Form of Payment

Check  American Express  MasterCard  Visa

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Print Name as shown on card: \_\_\_\_\_

Credit Card Authorization Signature: \_\_\_\_\_

To pay by **check**:  
**Make check payable to:** Global Risk Management Institute, Inc.  
**Mail to:** Global Risk Management Institute, Inc.  
P.O. Box 95000-2520  
Philadelphia, PA 19195-2520

### Status of Applicant

**Three college-level risk management courses**  
Attach any documentation demonstrating completion of courses in Risk Management, Risk Control, or Risk Financing or the ARM or CRM designation.

**Four college-level business courses**  
Attach any documentation demonstrating completion of courses in accounting, finance and up to two other courses in the areas of business, economics, Insurance, MIS, law, marketing or management.

**RIMS Workshops**  
Attach any documentation demonstrating completion of RIMS Fellow workshops.

After completing the designation requirement, attach a resume showing any full-time relevant work experience in risk management, insurance, financial services, broking, or insurance industry support or service.

### Certification

I certify that the above statements and documents are true and I submit them as part of my permanent record at the Global Risk Management Institute, Inc. (GRMI).

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Confirmation of payment will be sent via E-mail.**