U.S./Canada Affiliate/Associate Membership Application

Choose your membership level

☐ LIMRA and LOMA
Receive all LOMA and LIMRA membership access and benefits.

☐ LIMRA
Access to LIMRA research, conferences, networking opportunities, and member pricing, focused on product distribution for insurance and financial services.

☐ LOMA
Access to LOMA education and training, conferences, networking opportunities and member pricing, focused on operations for insurance and financial services.

Optional membership

☐ Life Insurers Council (LIC)
Smaller life companies face different challenges and require different solutions than larger carriers. The LIC provides a network that facilitates the opportunity for smaller companies to ask questions and share best practices with their peers at similar companies.

Information about your company

Company Name			
Company Address			
City	State or Province	Country	Postal or ZIP Code
Website Address	Phone Number		Date Founded
Mailing Address (if different)			
City	State or Province	Country	Postal or ZIP Code
Company Type of Business			Annual Revenue USD
Products/Services Offered			
Companies to be Included in the Membership			
Reason for Joining			

Who in your company will be our primary contact?

First (Given) Name
Last (Family) Name
Title
Phone
Email

Who in your company should receive the membership invoice?

First (Given) Name
Last (Family) Name
Title
Phone
Email

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Contact Us.
For questions about **U.S. and Canada membership**, please contact:
Phone:
770-984-3744
Email:
members@loma.org

Information about your leadership

	First Name	Last Name	Email
Chief Executive			
Chief Financial Officer			
Chief Human Resources Officer			
Chief Information Technology Officer			
Chief Marketing/ Data Officer			
Chief of Operations			

By completing this application, I understand that

- LIMRA and LOMA reserves the right to review a membership application and only accept members that serve the best interest of its membership.
- The amount of the annual dues shall be established each year by the Board of Directors.

First Name	Last Name
Phone	Title
Email	

Print Form Email Form

LIMRA LOMA
Navigate With Confidence