

APPLICATION FOR LIMRA VALUE PLUS MEMBERSHIP



Today's Date: _____

Company Information	
Company Name	
Street Address (line 1)	
Street Address (line 2)	
City	
Postal code	
Province	
Country	
Telephone Number	
Website address	
Generic email address for your company	
Date founded	
Mailing Address (if different)	
Name	
Street Address (line 1)	
Street Address (line 2)	
Street Address (line 3 if needed)	
City	
Postal code	
Province	
Country	
Please Select a Membership Category	
SILVER — our basic membership	Please choose ONE
GOLD — our preferred membership	
PLATINUM — our elite membership	
Type of Company	
Life Insurance	Check type of company that applies
General Insurance	
Bank	
Reinsurance	
Health Insurance	
Brokerage Firm	
Other	
Types of Product Sold	
Individual Life	Check all that apply
Group Life	
Health	
Pension/Superannuation	
Annuities	
Property & Casualty/Fire & Casualty	
Commercial	
Demographics	
Please indicate the countries in which you operate	
Are you part of a multi-national/ international organization?	
If so please identify parent company and indicate geographical location.	

Distribution Systems

Please select your PRIMARY and SECONDARY distribution systems

Career Agent (tied Agent/Direct Sales Force)	
Brokerage	
Multi-Agent/All Lines	
Direct Marketing	
Bancassurance	
Other	

	NAME	TITLE	EMAIL ADDRESS	PHONE NUMBER
The Head of Sales for each of your company's distribution channels are:				

Roster	NAME	TITLE	EMAIL ADDRESS	PHONE NUMBER
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Your LIMRA membership entitles your company to receive many valuable benefits, please let us know who the Senior Executives responsible for the following domains are in your company so we can share research and information with them

Chief Executive Officer (President/Managing Director...)				
Marketing				
Research				
Selection/ Recruitment				
Sales				
Executive Development				
Agent and /or Field Management Development				
Incentive/Sales or Promotion				

Roster	NAME	TITLE	EMAIL ADDRESS	PHONE NUMBER
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Please appoint a representative who will function as your company liaison with LIMRA and who will receive all copies of new publications, school information and research studies and surveys.				
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Please appoint a representative to receive the LIMRA annual dues invoice for your company.				
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