

APPLICATION FOR LIMRA SPECIAL AFFILIATE 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	

Type of Organization	Check type of organization that applies
Educational Institution	
Professional Association (Ex: Underwriters)	
Trade Association	
Regulatory Authority	
Non-Profit Research Institution	
Other (Please explain):	

Roster	NAME	TITLE	EMAIL ADDRESS	PHONE NUMBER
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.				
Please appoint a representative to receive the LIMRA annual dues invoice for your company.				
Your LIMRA membership entitles your company to receive many valuable benefits, please let us know who the Senior Executives are in your company so we can share				
Chief Executive Officer (President/Managing Director...)				
<i>(Please insert Senior Executive contact information)</i>				
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