



# School of Risk Management

## Insurance Society of New York - Membership Application Form

Please complete the following membership form and return with payment to the address at the bottom.

### Corporate Sponsor Membership

Business Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

The Corporate Sponsorship dues are based on number of employees in your firm. Please check the appropriate level of membership.

Number of Employees	Annual Dues	
3,000 - above	\$12,500	_____
2,000 - 2,999	\$10,000	_____
1,000 - 1,999	\$ 7,500	_____
500 - 999	\$ 5,000	_____
100 - 4 99	\$ 2,500	_____
below 100	\$ 1,500	_____

### Individual/Company/Alumni/Retired Person Membership

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Please check the type of Membership

- \$500 Company (single location)
- \$200 Individual; Not-for-profit association; Government agency
- \$125 Alumni of The College of Insurance Year \_\_\_\_\_ Degree \_\_\_\_\_
- \$75 Retiree

**Send completed form and payment to:**  
 Insurance Society of New York  
 c/o School of Risk Management  
 101 Murray Street  
 New York, NY 10007  
 Phone: (212) 277-5119  
 Fax: (212) 277-5123