



## MEMBERSHIP APPLICATION FORM

**MEMBERSHIP CATEGORIES:** NRRA offers three corporate membership categories, RRG, PG and Service Providers. RRG/PG and Service Provider memberships are applicable to all organizations, companies or individuals wishing to join NRRA. The corporate membership provides for one designated, voting member. Each additional person can join as a member-affiliate under an existing corporate membership. Member – affiliates are not voting members.

**Please check the category that best applies to you or your organization.**

**RRG and PG dues are based upon annual gross written premiums in the most recent calendar year.**

- |   |  |
|---|--|
| <input type="checkbox"/> <b>RRG1 – Annual Dues: \$1,500.00</b><br><i>\$0 to \$5 million annual gross written premiums</i>                   | <input type="checkbox"/> <b>RRG2 – Annual Dues: \$2,000.00</b><br><i>\$5 to \$10 million annual gross written premiums</i> |
| <input type="checkbox"/> <b>RRG3 – Annual Dues: \$2,500.00</b><br><i>\$10 to \$25 million annual gross written premiums</i>                 | <input type="checkbox"/> <b>RRG4 – Annual Dues: \$3,000.00</b><br><i>&gt;\$25 million annual gross written premiums</i>    |
| <input type="checkbox"/> <b>PG – Annual Dues: \$1,500.00</b><br><i>Less than \$10 million annual gross written premiums</i>                 | <input type="checkbox"/> <b>PG – Annual Dues: \$2,000.00</b><br><i>\$10 million or more annual gross written premiums</i>  |
| <input type="checkbox"/> <b>Service Provider or</b> <input type="checkbox"/> <b>Other Organization/Individual – Annual Dues: \$1,750.00</b> |  |

**Additional members – applies only to existing corporate membership**

- Member-Affiliate – Annual Dues: \$200.00**

List Corporate Membership Name \_\_\_\_\_

**ALL NEW MEMBERS MUST COMPLETE THE FOLLOWING INFORMATION.**

Company Name \_\_\_\_\_

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

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

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

City/State/Zip: \_\_\_\_\_

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

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

**PAYMENT:** My check payable to NRRA in the amount of \$ \_\_\_\_\_, is enclosed, OR please charge my

- American Express       MasterCard       Visa

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

Signature Required: \_\_\_\_\_