



MEMBERSHIP APPLICATION FORM

Company Name _____

Contact Person: _____

(For corporate memberships this will be the voting member)

Title: _____

Street Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email: _____

Web Site: _____

MEMBERSHIP CATEGORIES: NRRA offers three corporate membership categories, RRG/PG with less than \$10 million in premiums, RRG/PG with \$10 million or more in premiums, 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, but are not a voting member.

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

Please check membership type:

RRG or PG – Annual Dues: \$1000.00
Less than \$10 million in premiums

RRG or PG – Annual Dues: \$1,500.00
\$10 million or more in premiums

Service Provider or Other Organization/Individual – Annual Dues: \$1,200.00

Additional members – applies only to existing corporate membership

Member-Affiliate – Annual Dues: \$200.00

List Corporate Membership Name: _____

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: _____