



RIMS San Diego Chapter Associate of the Chapter Application

Company Name: _____

Type of Business: _____ Fax Number: _____

Address: _____

Do you employ a Risk Manager, either full time or part-time? Yes No

PERSON DESIGNATED AS SAN DIEGO CHAPTER ASSOCIATE MEMBER OF RIMS

Name: _____

Title: _____

Telephone Number: _____ Cell Phone: _____

E-Mail: _____

Responsibilities: _____

Circle Committee(s) you are interested in serving on:

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Membership | <input type="checkbox"/> Golf | <input type="checkbox"/> Programming |
| <input type="checkbox"/> Nomination / Chapter Succession | <input type="checkbox"/> Community Service / Outreach | |

ALTERNATE SAN DIEGO CHAPTER ASSOCIATE MEMBER OF RIMS

Name: _____

Title: _____

Telephone Number: _____ Cell Phone: _____

E-Mail: _____

Responsibilities: _____

Circle Committee(s) you are interested in serving on:

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Membership | <input type="checkbox"/> Golf | <input type="checkbox"/> Programming |
| <input type="checkbox"/> Nomination / Chapter Succession | <input type="checkbox"/> Community Service / Outreach | |

**Annual Dues - \$200.00 (for two members)
\$25.00 for each additional member (copy form and complete info)**

This application must be accompanied with payment for the annual dues in full. Please make check payable and remit to:

RIMS, San Diego Chapter
Membership Director
P.O. Box 81244
San Diego, CA 92138-1244

Check this box ***if you do not want*** to receive electronic e-mails from San Diego RIMS