Choose	your	mem	bershi	p leve
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Distribution Advancement Membership (LIMRA only)		□ Industry Education Membership (LOMA only)		
Elite Membership Get easy access to all member benefits from both LIMRA	and LOMA.			
Information about your company				
Company Name				
Company Address				
City	State or Province	Country	Postal or ZIP Code	
Website Address	Phone Number		Date Founded	
Mailing Address (if different)				
City	State or Province	Country	Postal or ZIP Code	
Is your company a multinational company? Yes O No	If your company is a mult what is the name of your	inational, parent company?		
Who in your company will be our primary contact			ny should receive the membership invoice?	
Last/ Family Name		Last/ Family Name	<u>, </u>	
First/ Given Name		First/ Given Name		
Title		Title		
Phone		Phone		
Email		Email		
Information about your business What type is your company?				
○ General Insurance ○ Health Insurance ○ Life Insurance	Reinsurance O Retirem	ent		
What types of products does your company sell?	What is your prime	ary distribution system?	What are your secondary distribution systems	
Annuities Commercial Defined contribution retirement plans Group life Health Individual insurance Pension/Superannuation/Defined benefit retirement plans Property & casualty/Fire & casualty Other (Please specify)	□ Bancassurance □ Brokerage □ Career agent (tied a □ Direct to consumer □ Independent financi □ Other (Please specif	al advisor	 □ Bancassurance □ Brokerage □ Career agent (tied agent/direct sales force) □ Direct to consumer □ Independent financial advisor □ Other (Please specify) 	

Information about your leadership

Your membership entitles your company to receive many valuable benefits. Please let us know who the senior executives responsible for the

Chief Research Officer Last/Family Name			
Last/Family Name			
First/Given Name			
Title			
Phone			
Email			
Chief Distribution Officer			
Last/Family Name	Last/Family Name		
First/Given Name	First/Given Name		
Title			
Phone	Phone		
Email			
Chief Agent and Field Management Development	Officer		
Last/Family Name			
First/Given Name			
Title			
Phone	Phone		
Email			
Resources Officer			
t/Family Nan	Title Phone Email Chief Distribution Officer Last/Family Name First/Given Name Title Phone Email Chief Agent and Field Management Development Last/Family Name First/Given Name Title Phone Email ef Human Resources Officer t/Family Name st/Given Name ast/Given Name		

Print Form

Email Form

