

# APPLICATION FOR LOMA AFFILIATE MEMBERSHIP

Today's Date: \_\_\_\_\_

Company Information	
Company Name	
Street Address (line 1)	
Street Address (line 2)	
City	
Postal code	
Province	
Country	
Telephone Number	
Website address	
Generic email address for your company	
Date founded	

Mailing Address (if different)	
Name	
Street Address (line 1)	
Street Address (line 2)	
Street Address (line 3 if needed)	
City	
Postal code	
Province	
Country	

Type of Organization	Check type of organization that applies
College / University	
Reinsurer	
Other (please explain)	



Roster	NAME	TITLE	EMAIL ADDRESS	PHONE NUMBER
The LOMA <b>Educational Representative</b> (Ed Rep)				
The LOMA <b>Principal Representative</b>				
Your LOMA membership entitles your company to receive many valuable benefits, please let us know who the <b>Senior Executives / Executives</b> are in your company so we can share research and information with them				
<b>Chief Executive Officer</b> (President/Managing Director...)				
<i>(Please insert Senior Executive contact information)</i>				
<i>(Please insert Senior Executive contact information)</i>				
<i>(Please insert Senior Executive contact information)</i>				
<i>(Please insert Senior Executive contact information)</i>				
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