

# APPLICATION FOR LOMA VALUE PLUS 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	

Please Select a Membership Category	Please choose ONE
<b>SILVER</b> — our basic membership	
<b>GOLD</b> — our preferred membership	
<b>PLATINUM</b> — our elite membership	

Types of Product Sold	Check all that apply
Individual Life	
Group Life	
Health	
Pension/Superannuation	
Annuities	
Property & Casualty/Fire & Casualty	
Commercial	
Other (Please Specify)	

Demographics	
Please indicate the countries in which you operate	
Are you part of a multi-national/ international organization?	
If so please identify parent company and indicate geographical location.	

Roster	NAME	TITLE	EMAIL ADDRESS	PHONE NUMBER
The LOMA Educational Representative (Ed Rep)				
The LOMA Principal Representative				
Chief Executive Officer (President/Managing Director...)				

Roster	NAME	TITLE	EMAIL ADDRESS	PHONE NUMBER
Your LOMA membership entitles your company to receive many valuable benefits, please let us know who the Senior Executive responsible for the following domains are in your company so we can share research and information with them				
Marketing				
Research				
Selection/ Recruitment				
Sales				
Executive Development				
Agent and/or Field Management Development				

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