



Please return a signed copy via mail, fax, or email to:

INSURANCE DATA MANAGEMENT ASSOCIATION (IDMA)

PO Box 68700, Attn: IDMA, Indianapolis, IN 46268-0700
317.280.3589 | info@idma.org

Membership Agreement

The undersigned hereby agrees to become a Member of the Insurance Data Management Association and agrees to execute and be bound by the Bylaws of the Association.

Individual Membership

[\$500 (private sector); \$250 (public sector & non-profit); and \$150 (academia/higher education)]

Corporate Membership

[\$3,500 to \$20,000 and based on company size. **Receive 30% introductory discount if you are a new member**)

For membership fee discounts and introductory offers, please contact us at 317.280.3589 | info@idma.org

Member Information:

Name: _____

Job Title: _____

Company: _____

Address: _____

e-mail: _____

Work Phone: _____ Fax: _____

Mobile Phone: _____ Date: _____

Signature: _____

Companies*: _____

*For Corporate Members: Please list all companies under common ownership, management or control.