

**MEMBERSHIP APPLICATION FORM**

**Category of CLIMOA membership applied for (see website for details under Membership):**

Active (\$300/year)  Associate (\$200/year)  Emeritus (\$50/year)  Affiliate (\$100/year)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Title/Position \_\_\_\_\_

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

Province/State \_\_\_\_\_

Company City \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_

Company Country \_\_\_\_\_ Phone Number \_\_\_\_\_

Where are you physically located?

City \_\_\_\_\_ Province/State \_\_\_\_\_

Country \_\_\_\_\_

Telephone \_\_\_\_\_

Preferred Email Address \_\_\_\_\_

Number of years in the Insurance industry \_\_\_\_\_ years

Describe your job activities and how you are involved in the Insurance industry (eg. Life, DI, CI, other; underwriting, claims, other):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If part-time, how much of your time is devoted to Insurance work? \_\_\_\_\_ hours per week

What other appointments have you held or have currently? (e.g., insurance company, industry, university, etc.) \_\_\_\_\_

Medical School \_\_\_\_\_ Year graduated \_\_\_\_\_

Are you licensed to practise medicine in the jurisdiction where you work? YES  NO

What is your field of specialization in clinical medicine (if any)? \_\_\_\_\_

Certificates held/Fellowships - Program/Year \_\_\_\_\_

What memberships do you hold in other medical and insurance organizations? \_\_\_\_\_

When completed, this application should be signed by two sponsors who are CLIMOA members and then forwarded to the CLIMOA Secretary at the address below. If you do not have sponsors in CLIMOA who know you, please forward the names and contact information of two persons in other Insurance Medicine organizations, such as the American Academy of Insurance Medicine (AAIM) or the American Council of Life Insurers (ACLI), or from within your company, clinic or faculty, or contact us directly at [CLIMOA@Unconventionalplanning.com](mailto:CLIMOA@Unconventionalplanning.com) .

Your membership application will be reviewed by the CLIMOA Executive.

**SPONSOR #1:**

Name \_\_\_\_\_ Organization \_\_\_\_\_

Email \_\_\_\_\_

How do you know the applicant? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Sponsor's signature

\_\_\_\_\_  
Date

**SPONSOR #2:**

Name \_\_\_\_\_ Organization \_\_\_\_\_

Email \_\_\_\_\_

How do you know the applicant? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Sponsor's signature

\_\_\_\_\_  
Date

**CLIMOA uses electronic mediums to communicate updates and information to its members. Anti-spam law in Canada requires us to have express consent from our members before sending electronic messages. Do you consent to CLIMOA sending you communications electronically? Please indicate Yes \_\_\_\_ or No \_\_\_\_.**

\_\_\_\_\_

**YOUR SIGNATURE**

\_\_\_\_\_

**Date**

PLEASE RETURN THE COMPLETED FORM WITH YOUR PAYMENT TO:

PAYMENT AMOUNT \_\_\_\_\_  Cheque (payable to CLIMOA)

Visa  MasterCard  Amex

\_\_\_\_\_  
*Credit card number.*


\_\_\_\_\_  
*Expiry date (mm / yy)*

\_\_\_\_\_  
*Security Code*

\_\_\_\_\_  
*Name on the card*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Remit all documents and payment to:		Email:
	<b>CLIMOA</b> 200 - 38 Auriga Drive Ottawa ON K2E 8A5 CANADA (P) 613-7217061	<b>climoa@unconventionalplanning.com</b>