



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.

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:
	CLIMOA 200 - 38 Auriga Drive Ottawa ON K2E 8A5 CANADA (P) 613-7217061	climoa@unconventionalplanning.com