



# Membership Application

Full Name: \_\_\_\_\_ Suffix: \_\_\_\_\_ Prof. Designations: \_\_\_\_\_

Nickname (if you go by other than your first name above): \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Street: \_\_\_\_\_

City, State Zip, Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email (this will be your unique ID to log into ICMG's website): \_\_\_\_\_

You will be able to set your password the first time you log in at [www.icmg.org](http://www.icmg.org).

## Membership Eligibility:

ICMG Membership is available to individuals involved in or associated with inter-company marketing agreements with insurance and financial services companies. Membership application is subject to determination of eligibility, generally based on company type. For "Other" company types, eligibility is also based on (a) direct relevance to the insurance product marketing process and (b) ability to form partner relationships (vs transactional/vendor relationships).

- Insurance Carrier
- Managed Care
- Insurance-Related Product Manufacturer (eg Discount Plans)
- Marketing Organization (eg Agency, Brokerage)
- Fraternal
- Other Type of Distributor (eg, Bank)
- Third Party Administrator
- Actuarial
- Reinsurer

Other (Specify): \_\_\_\_\_

## How Did You Hear About ICMG?

- Referred by: \_\_\_\_\_
- Saw ad in: \_\_\_\_\_
- Received mail/email from ICMG
- Was generally aware of ICMG
- At an industry meeting: \_\_\_\_\_
- I'm replacing another member: \_\_\_\_\_
- On another website: \_\_\_\_\_
- Saw article in: \_\_\_\_\_

## Payment Information

Please enclose \$175 Annual Membership Dues (check payable to ICMG or Visa/MC/AmEx/Discover). Membership is on a calendar year basis.

Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ / \_\_\_\_\_ CVV: \_\_\_\_\_

Signature: \_\_\_\_\_

## Send To ICMG:

Mail completed application with payment to: ICMG, 44335 Premier Plaza, Suite 125, Ashburn, VA 20147-5072.  
Credit card payments may be faxed to ICMG at 888-220-5492. Questions? Call 703-729-7701.