



Membership Application

Company/Agency/Organization Information:

Company Name: _____

Address Line 1: _____

Address Line 2: _____

City, State, Postal Code: _____

Country: _____

Website: _____ Telephone: _____

Business Sector: _____

Primary Representative _____ Title: _____

Telephone/Email/Fax _____

Membership Category and Dues (*Membership commencing: _____*)
(Please mark with an "x")

- Regular Member (actively engaged in trading, insuring, facilitating or investing in weather risk management business) US\$3,000.-- annually
- Associate Member (providing technical support and services to the weather risk market) US\$3,000.-- annually
- End-User Member (looking to the weather risk market to manage its proprietary, native, natural exposure to weather) US\$3,000.—annually
- Universities US\$500.-- annually

Payment Instructions

Amount: US\$_____

By credit card: Visa MasterCard American Express

Card Number: _____ Expiration Date: _____

Name on Credit Card (please print): _____

Signature: _____

Please complete and mail to: Weather Risk Management Association
Attn: Chanale Taylor
750 National Press Building
829 14th St., NW
Washington, D. C. 20045
U S A

or Fax to (+1) 202 223 9741,
or complete electronically on the **WRMA** website www.wrma.org

And send via email to ctaylor@kellencompany.com