



2011 WRMA Membership Application

Primary Contact

Prefix (Mr. Ms. Mrs.) _____ First: _____ Last: _____

Job Title: _____ Email: _____

Company Information ** Please check here if you would like your company profiled on the WRMA website.

Company Name: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Telephone: _____ Fax: _____ Website: _____

Business Sector: _____

Company Description (1-3 Sentences): _____

Membership Category and Dues

- ** Regular Member - \$3,000 US (Annual Fee)
Company is actively engaged in trading, insuring, facilitating or investing in weather risk management business
- ** Associate Member - \$3,000 US (Annual Fee)
Company provides technical support and services to the weather risk market
- ** End-User Member - \$3,000 US (Annual Fee)
Company currently uses or is prospectively looking to use the weather risk market to manage proprietary, native, natural exposure to weather
- ** University Member - \$500 US (Annual Fee)
Academic institution, college or university program focused on weather impacts and risk

Payment Information

** Check: Enclosed is a check payable to Weather Risk Management Association for \$_____.00 US
Checks should be mailed to: WRMA 529 14th Street NW, Suite 750, Washington, DC 20045 USA

** Credit Card: Charge my ** Visa ** Master Card ** Amex Total \$_____.00 US

Name as it appears on card: _____

Card Number: _____ Exp. Date (MM/YY): ___/___ CVV: _____

** Wire Transfer: Upon receipt of your completed registration form, WRMA will send you an invoice with wire transfer instructions. Please send a copy of the completed transaction to +1 202 591 2445.

Please fax completed form to +1 202 591 2445, email to Christina Donnelly at info@wrma.org, or mail to WRMA at 529 14th Street NW, Suite 750 Washington, DC 20045 USA.