

MEMBERSHIP APPLICATION FORM – ORIMS only



A CHAPTER OF



Please return completed application and payment to:

ORIMS - Membership
PO Box 1021
66 Wellington Street West
Toronto ON, M5K 1P2

If you have any questions, you can contact:
Roman Parzei – Director of Membership
romanparzei@gmail.com

Referred by: _____

ABOUT YOU *(Please Print)*

Mr. Ms. Mrs. Dr. Other _____

First Name _____ MI _____ Last Name _____

Suffix Sr. Jr. II III Other _____ Title _____

Male Female Date of birth _____ / _____ / _____ (optional, for statistical purposes only)
MM DD YYYY

Mailing Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Telephone _____ Extension _____ Fax _____

E-mail Address _____

Street Address (if different than mailing address) _____

City _____ Province _____ Postal Code _____ Country _____

Would you like to be included in ORIMS Member Directory? Yes No

If No, may we release your contact information to other ORIMS members upon request? Yes No

Occasionally, ORIMS releases its membership mailing list to outside organizations offering products or services that may be of value to members. May we release your name and address? Yes No

Due to the Canadian Anti-Spam Legislation (CASL), do you consent in receiving information from ORIMS via E-mail, Mail, or any other form of correspondence to be used in contacting you? Yes No

Reason for joining ORIMS: _____

ABOUT YOUR ORGANIZATION (Please Print)

The following information must be completed:

For Associate or Educational Applicant:

Current employer/university _____ Website _____

For Student Applicant:

College/university attending _____ Expected Graduation Date _____ Status FT PT

For Affiliate Applicant:

Former Employer _____ Date of separation from former employer _____

Type of Business

Provide a one to three word description of your organization's primary function, e.g. primary care hospital, commercial bank, clothing retailer, etc.

MEMBERSHIP CATEGORIES

Associate of the Chapter:

An individual who can confirm their commitment to uphold and further the risk management discipline and is not eligible to be a representative of a corporate member. This includes, but is not limited to, individuals working for brokers, insurers, and third party administrators who provide services to risk management/insurance clients.

Educational Member:

An instructor of risk management, insurance, employee benefits or related courses at a college or university. A current curriculum vitae must be attached to the application.

Student Member:

A full-time student enrolled in at least 12 credit hours per term in a college or university. A current transcript must be attached to application and each renewal thereafter.

Affiliate Member:

Membership may be granted to a current deputy member upon separation from a member company. This individual membership may be renewed once from date of separation.

Note: The full description of membership categories and membership eligibility are available on our website at: [ORIMS - Bylaws](#)

Please Check One	Membership Category*	Chapter Dues (in CAD\$)**	Attachments Needed
<input type="checkbox"/>	Associate of the Chapter	\$150	
<input type="checkbox"/>	Educational Member	none	Curriculum Vitae
<input type="checkbox"/>	Student Member	\$0	Transcript
<input type="checkbox"/>	Affiliate Member	\$100	

* *Note: If you are providing internal corporate risk management services for the benefit of your employer, you must apply for membership through Risk and Insurance Management Society, Inc. at their website: [RIMS](#).*

** *Please enclose cheque payable to "Ontario Risk and Insurance Management Society" with a completed application
Note: Membership term expires annually every 31st of March.*

YOUR MEMBERSHIP PLEDGE

I verify that the information herein is true and accurate and that I have read Article VII – Membership, Section 1 of ORIMS' Bylaws and hereby certify that I am eligible for membership in the Ontario chapter of the Risk and Insurance Management Society, Inc. I further affirm that I will subscribe to the objectives of ORIMS and abide by ORIMS' Bylaws and any amendments thereto.

Name (please print) _____

Signature _____ Date _____