



Long Island Chapter  
Risk and Insurance Management Society, Inc.  
PO Box 374, Huntington Station, NY 11746

Associate (Friend) Membership/Business Directory Application - \$500

Check if you would like to opt out of the Business Directory

Company/Individual \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Website \_\_\_\_\_

**Primary Member:**

Mr. \_\_\_\_\_ Ms. \_\_\_\_\_ Mrs. \_\_\_\_\_ (check one)

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_ Email \_\_\_\_\_

Office Phone # \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

**Additional Members:**

2) Mr. \_\_\_\_\_ Ms. \_\_\_\_\_ Mrs. \_\_\_\_\_ (check one)

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_ Email \_\_\_\_\_

Office Phone # \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

3) Mr. \_\_\_\_\_ Ms. \_\_\_\_\_ Mrs. \_\_\_\_\_ (check one)

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_ Email \_\_\_\_\_

Office Phone # \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

4) Mr. \_\_\_\_\_ Ms. \_\_\_\_\_ Mrs. \_\_\_\_\_ (check one)

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_ Email \_\_\_\_\_

Office Phone # \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

5) Mr. \_\_\_\_\_ Ms. \_\_\_\_\_ Mrs. \_\_\_\_\_ (check one)

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_ Email \_\_\_\_\_

Office Phone # \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

Each Company's Annual \$500 Associate Membership Fee includes 1 listing in our Business Directory and up to 5 Members. Please list all Members above and make your check payable to: Long Island Chapter – RIMS. Send the check and completed Application to: Long Island Chapter – RIMS, PO Box 374, Huntington Station, NY 11746 Attn: Membership. Call Jim Paduano, Membership Director (516-507-4705) with any questions.



*In an effort to further the Long Island Chapter of RIMS' Mission to promote effective, value-added, professional Risk Manager practices, and provide its Members with a variety of Professional Development opportunities; coupled with enhanced member relations and engagement of businesses with a common purpose; we invite you to join Our...*

### **ONLINE BUSINESS DIRECTORY.**

LI-RIMS BUSINESS DIRECTORY has been set up to accommodate the following categories. If you would like to be listed, but do not feel your business category is adequately represented...

*let us know and we will consider adding a new category!*

<b>Actuarial</b>	<b>Financial Management</b>
<b>Attorneys</b>	<b>Information Analysts</b>
<b>Brokers</b>	<b>Insurance Carrier</b>
<b>Claim Adjusters</b>	<b>Investigations</b>
<b>Claim Settlement</b>	<b>Legal</b>
<b>Compliance</b>	<b>Loss Control</b>
<b>Consulting</b>	<b>Risk Management</b>
<b>Disaster Planning</b>	<b>Safety Products &amp; Services</b>
<b>Disaster Recovery/Restoration</b>	<b>Surety</b>
<b>Environmental Services</b>	<b>Underwriters</b>
	<b>OTHER (?)</b>

Pricing has been established to allow you to list your Company under more than one category at a reduced rate for one year from the date your listing appears on our website.

#### **BUSINESS DIRECTORY PRICING: ASSOCIATE/FRIEND MEMBERSHIP\*\***

(\*\*Associate/Friend organizations derive their income from selling their services)

<b>1 Category</b>	Included in \$500 Membership
<b>Additional Categories</b>	<b>\$100.00 / Category</b>

If you would like to take advantage of this opportunity to network and develop your business, please visit <http://longisland.rims.org/communityresources/businessdirectory> to view the Business Directory and complete the Registration Form.

Once your listing has been submitted, you will be contacted by  
Linda B. Selden-Paduano, Chapter Administrator,  
to confirm accuracy of submitted information and payment.

Any Question, please contact LI-RIMS @ [Info@LIRims.org](mailto:Info@LIRims.org)



## Business Directory Application

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

**Contact Name:** \_\_\_\_\_

**Contact Email:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Category(s):** \_\_\_\_\_

**Brief Description of Company (Limited to 50 Words):** \_\_\_\_\_

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**Please send your Company Logo to [info@LIRims.org](mailto:info@LIRims.org)**