



Risk Manager (Member) Membership/Business Directory Application - \$100

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 \$100 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: RISK MANAGEMENT MEMBERSHIP\***

(\*Risk Managers are any person employed in the risk management, insurance, claims, & safety related roles for organizations that DO NOT derive their income from selling those services.

The Chapter reserves the right to approve qualification status.)

1 Category	Included in \$100 Membership
Additional Categories	\$100.00 / Category

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



## Business Directory Application

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

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

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

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

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

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

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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