

Become a CICA Member Today!

It Makes Good Business Sense to Join Any Time of the Year!

CICA membership terms run from January 1 through December 31 each year. If you join anytime after January 31, your dues will be prorated and your savings will be credited to reduce the cost of your next year's membership.

Membership dues must be paid in U.S. dollars, drawn on a U.S. bank. CICA is a 501(c)(6) organization—Federal Tax ID #23-7179221. A small portion of your dues are budgeted to be used for lobbying expenses. In accordance with the IRS Code 162(e), approximately 99% of your dues may be deductible as an ordinary and necessary business expense. Dues are not deductible as a charitable contribution.

Join online at www.CICAworld.com

OR mail or fax your completed form with payment to:

CICA
4248 Park Glen Road
Minneapolis, MN 55416
Fax: (952) 929-1318

Questions?

Call CICA at (952) 928-4655 or send an email to Join@CICAworld.com

Your Information: *(please print)*

Mr. Ms. Other _____

Name _____ Title _____

Company _____

Address _____

City _____ State/Country _____ Zip/Postal Code _____

Phone _____ Fax _____

Email _____

Website _____

Membership Category:

Captive/RRG Member—\$750

Primary job duties must be owning, administering or managing a captive insurance company or risk retention group.

Service Provider Member—\$2,000

Individual whose primary business is acting as a service provider to captive insurance companies or risk retention groups. Service provider members do not have voting privileges.

Affiliate Captive/RRG Member—\$350

Individual is employed at a company that has another individual as a captive/RRG member. Affiliate members do not have voting privileges.

Affiliate Service Provider Member—\$300

Individual is employed at a company that has another individual as a service provider member. Affiliate members do not have voting privileges.

I certify that my primary duties or business qualifies me to join the membership category for which I have applied. I will provide additional documentation to verify my eligibility for that category, if requested.

Signed _____ Date _____

Company Information: *(must be completed in order for membership to be processed)*

Captive or RRG: Single Group Association RRG Other _____

Year formed: _____ **Managed by:** Own Staff Management Company

Domicile: AZ Barbados Bermuda BVI Cayman DC GA
 Guernsey HI MT NV NY SC UT VT
 Other _____

Service Providers:

Nature of Business/Service: _____

Payment:

Check payable to CICA Credit Card: VISA MasterCard AMEX

Card No. _____ Exp. Date _____

Name on Card _____

Billing Address _____

Signature _____