

## 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](http://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 [info@CICAworld.com](mailto:info@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—\$850**

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

**Service Provider Member—\$2,100**

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—\$450**

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—\$400**

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

**Please select one of the following:**  Captive Owner  Captive Manager

**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 \_\_\_\_\_