

## 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 Coe 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.

**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](mailto:Join@CICAworld.com)

### 1 Your Information: *(please print)*

Mr.  Ms.  Other \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

### 2 Membership Category:

**Captive/RRG Full Member—\$700**

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

**Service Provider Full 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.

**Additional Member—\$300**

Individual is employed at a company that has another individual as a full captive/RRG or service provider member. Additional 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.*

Date \_\_\_\_\_ Signed \_\_\_\_\_

### 3 Company Information:

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

### 4 Payment:

Check payable to CICA

Credit Card  VISA  MasterCard  AMEX

Card No. \_\_\_\_\_ Exp. \_\_\_\_\_

Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_

Signature \_\_\_\_\_