Choose your membership level				
☐ Industry Education All the same valuable benefits you've come to expect from LOMA.	☐ Integrated Membership Membership with easy acce both LIMRA and LOMA.	ss to all member benefits from	□ Elite The best choice for LOMA — includes assessments or tra	companies using both LIMRA and a credit toward a new purchase of iining.
Information about your company				
Company Name				
Company Address				
City	State or Province	Country		Postal or ZIP Code
Website Address	Phone Number			Date Founded
Mailing Address (if different)				T
City	State or Province	Country		Postal or ZIP Code
Is your company a multinational company? Yes O No	If your company is a mult what is the name of your	inational, parent company?		
Who in your company will be our primary conta	ct?	Who in your compar	ny should receive	e the membership invoice?
Last/ Family Name		Last/ Family Name		
First/ Given Name		First/ Given Name		
Title		Title		
Phone		Phone		
Email		Email		
Information about your business What type is your company?				
○ General Insurance ○ Health Insurance ○ Life Insurance	○ Reinsurance ○ Retirem	nent		
What types of products does your company sell?		ary distribution system?		
 ☐ Annuities ☐ Commercial ☐ Defined contribution retirement plans ☐ Group life ☐ Health ☐ Individual insurance ☐ Pension/Superannuation/Defined benefit retirement plans ☐ Property & casualty/Fire & casualty ☐ Other (Please specify) 	□ Bancassurance □ Brokerage □ Career agent (tied c □ Direct to consumer □ Independent financi □ Other (Please specif	ial advisor	☐ Direct to co	nt (tied agent/direct sales force) nsumer nt financial advisor

Information about your leadership

Chief	Executive	Officer
Cnier	Executive	Officer

Chief Marketing Officer

Last/Family Name
First/Given Name
Title
Phone
Email

Last/Family Name
First/Given Name
Title
Phone
Email

Chief Selection/Recruitment Officer

Last/Family Name
First/Given Name
Title
Phone
Email

Chief Research Officer

Last/Family Name
First/Given Name
Title
Phone
Email

Chief Distribution Officer

Last/Family Name	
First/Given Name	
Title	
Phone	
Email	

Chief Agent and Field Management Development Officer

Last/Family Name
First/Given Name
Title
Phone
Email

Chief Human Resources Officer

Last/Family Name
First/Given Name
Title
Phone
Email

Print Form

Email Form

