



Insurance Data Management Association

Please retain one copy for your files, and return one signed copy to:

INSURANCE DATA MANAGEMENT ASSOCIATION

545 Washington Boulevard, 17-7,
Jersey City, NJ 07310-1686

(201) 469-3069, FAX (201) 748-1690

Membership Agreement

The undersigned hereby agrees to become a Member of the Insurance Data Management Association and agrees to execute and be bound by the Bylaws of the Association.

Name: _____

Title: _____

Company: _____

Address: _____

Address: _____

e-mail: _____

Phone: _____ Fax: _____

Mobile Phone: _____ Date: _____

Signature: _____

Companies*: _____

* Please list all companies under common ownership, management or control.
