



Puerto Rico International Insurers Association Membership Application

Company Name: _____
Contact Name: _____ Title: _____
Address: _____
City: _____ State: _____ Zip: _____ Country: _____
Phone Number: _____ Email: _____

- Founding Membership - \$5,000 annual
- Logo of company in front page of PRIIA website (linked to member website)
 - Invitation to quarterly association board meetings
 - Marketing opportunities through PRIIA initiatives
 - Discounts on event registration
 - Access to members only section of website

- Associate Membership - \$1,000 annual
- Mention in website as Associate Member (No logo)
 - Assistance to association annual event
 - Discounts on event registration
 - Access to members only section of website
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Payment Information:

Total amount due \$ _____

Enclosed is my check made payable to PRIIA in US funds in the amount of \$ _____

Please charge the following: VISA MC Amex Discover

Card in the Name of _____

Billing Address _____

City _____ State _____ Zip _____ Country _____

Credit Card Number _____ Exp Date _____

VAL Code: (MC, Visa, Discover—last 3 digits on card back, AMEX—4 digits on card front) _____

Wire Transfer Instructions:

Bank Information:
Banco Popular De Puerto Rico
Puerto De Tierra Branch
PO BOX 362708
San Juan PR 00936-2708
Swift CODE: BPPRPRSX
ABA#:021502011

Beneficiary Information:
Puerto Rico International
Insurers Association Inc.
304 Ave Ponce De Leon, Suite 1000
San Juan, Pr, 00918
Account #: 030049237

Please send completed application to:
Puerto Rico International Insurers Association (PRIIA),
250 Ave. Muñoz Rivera, Suite 710, San Juan, PR 00918
email to info@priia.org or Fax: (888) 651-1788
Questions? Call (787) 308-6297