

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

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
OR FAX: (888)651-1788
QUESTIONS? CALL (800) 826-7995**