



**INSTITUTE FOR CATASTROPHIC LOSS REDUCTION/
INSTITUT DE PREVENTION DES SINISTRES CATASTROPHIQUES**

APPLICATION FOR ASSOCIATE MEMBERSHIP

FROM: _____
Name of Company, in full

DATE: _____

TO: The Secretary
INSTITUTE FOR CATASTROPHIC LOSS REDUCTION
151 Yonge Street, Suite 1800
Toronto, Ontario M5C 2W7

The applicant hereby applies for Associate Membership in the Institute for Catastrophic Loss Reduction/Institut de Prevention des Sinistres Catastrophiques ("ICLR"). The applicant acknowledges and agrees that in consideration of being accepted into Associate Membership, he/she/it (i) is entitled to receive such publications of ICLR and such information relating to ICLR and its activities as the Board of Directors of ICLR may from time to time determine with respect to the category selected by the applicant, but is not entitled to receive notice of, or to otherwise attend or vote at meetings of Members or to exercise any other rights as Members; (ii) shall pay such fees in respect of Associate Membership as may be determined, from time to time, by the Board of Directors with respect to the category selected by the applicant; (iii) will not use Associate Membership for advertising nor to imply ICLR endorsement of goods or services without the prior consent of ICLR; and (iv) will receive publications and information from ICLR on a for information only basis.

Associate membership in ICLR may be terminated by the Associate Member or by ICLR on 14 days' prior written notice; fees will not be refunded. Organizational Associate Members are entitled to circulate supplied ICLR material to their membership but, beyond that, copying or distribution of the material (in printed or electronic form) is not permitted.

Company name and address:

Phone

Fax

e-mail

Name of Applicant

Signature of Official

Title