

**VIRGINIA ASSOCIATION OF MUTUAL INSURANCE COMPANIES
MEMBERSHIP APPLICATION**

Company _____

Address _____

Phone _____ FAX: _____

E-Mail _____

Company President/CEO _____

VAMIC Main Contact _____ Title _____

Please Check Type of Membership: Regular _____ Associate _____

MEMBERSHIP DUES FORMULA:

Annual dues for voting members shall be arrived at in the following manner:
\$1.60 per full \$1,000 of insurance income or \$.35 per full \$1,000 of surplus,
**whichever produces the greater amount, subject to minimum dues of
\$200 and maximum dues of \$1,500.**

Annual dues for associate members shall be \$850.

Please attach the following to this form for submission to VAMIC:

1) Check for the first year's dues in the amount of _____

Return to: Virginia Association of Mutual Insurance Companies
P.O. Box 6927
Richmond, Virginia 23230-0927

Dues to VAMIC are not deductible as a charitable contribution, but may be deductible as an ordinary and necessary business expense. A portion of dues, however, is not deductible as an ordinary and necessary business expense to the extent that VAMIC engages in lobbying. The non-deductible portion of dues for 2011-2012 is estimated to be 10%.