



# MEMBERSHIP APPLICATION

**Mail Completed Application and Payment to:**  
Montana Captive Insurance Association, Inc. (MCIA)  
1809 Mulberry Drive, Billings, MT 59102  
**Phone:** 866.388.6242 **Email:** [info@mtcaptives.org](mailto:info@mtcaptives.org)

COMPANY/ORGANIZATION NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

FULL NAME OF PRIMARY COMPANY REPRESENTATIVE: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

PRIMARY INDUSTRY OF APPLICANT: \_\_\_\_\_

**ADDITIONAL COMPANY CONTACTS** (others who should receive MCIA materials)

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**HOW DID YOU FIND US?** (please select the best option below)

- Internet     Networking Event     MCIA Conference     MCIA Direct Mail     MCIA Blast Email  
 Referral form colleague     Tradeshow     Montana State Auditor's Office     Other \_\_\_\_\_

**MEMBERSHIP CATEGORY** (check one)

- Captive Insurance Company / RRG - \$695  
 Industry Service Provider - \$995

Your membership in MCIA is not tax deductible as a charitable contribution for federal income tax purposes. However, membership dues and related payments made to MCIA may be deductible as an ordinary and necessary business expense.

**Please check the one box below that best describes your business:**

- Single Parent Captive Program                      01  
 Association Sponsored Captive Program            02  
 Risk Retention Group                                    03  
 Captive Manager                                         04  
 Financial Services                                        05  
 Legal Services    06  
 Accounting / Actuarial Service                      07  
 Reinsurance     08  
 Risk Management Consultant                        09  
 Other     10

**PAYMENT INFORMATION** (check one)

- Enclosed is my check made payable to MCIA  
 Please charge the following:  
 VISA                       MASTERCARD  
 AMEX                      DISCOVER

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

VAL CODE (last 3 digits on back): \_\_\_\_\_

CARD IN THE NAME OF: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**X** \_\_\_\_\_