



# Membership Application

Thank you for your interest in joining other captive industry professionals in support of MCIA's advocacy of the Montana's captive insurance marketplace. For membership level benefits, [click here](#). For additional information, please contact Shane Byars at [sbyars@mtcaptives.org](mailto:sbyars@mtcaptives.org).

## CONTACT INFORMATION

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Primary Industry \_\_\_\_\_ Website \_\_\_\_\_

Primary Contact Name \_\_\_\_\_

Title \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_

Additional Contact Name \_\_\_\_\_

Title \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_

## HOW DID YOU HEAR ABOUT MCIA? (select one)

- ☐ Internet ☐ Networking ☐ MCIA Conference ☐ MCIA Direct Mail ☐ MCIA Blast Email
- ☐ Referral ☐ 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 related payments made to MCIA may be deductible as an ordinary business expense.

Please check the box that best describes your business:

- |  |    |  |    |
|--|----|--|----|
| <input type="checkbox"/> Single Parent Captive Program         | 01 | <input type="checkbox"/> Legal Services                | 06 |
| <input type="checkbox"/> Association Sponsored Captive Program | 02 | <input type="checkbox"/> Accounting/Actuarial Services | 07 |
| <input type="checkbox"/> Risk Retention Group                  | 03 | <input type="checkbox"/> Reinsurance                   | 08 |
| <input type="checkbox"/> Captive Manager                       | 04 | <input type="checkbox"/> Risk Management Consultant    | 09 |
| <input type="checkbox"/> Financial Services                    | 05 | <input type="checkbox"/> Other                         | 10 |

## PAYMENT INFORMATION

☐ Enclosed is my check made payable to MCIA

☐ Please charge the following

☐ Visa ☐ Mastercard ☐ AMEX ☐ Discover

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ VAL \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_

Mail Completed Application and Payment to: MCIA Membership Processing  
PO Box 1237  
Simpsonville, SC 29681

**MEMBERSHIP DUES  
ARE NON-REFUNDABLE**