



Membership Application

Name: _____

Position: _____

Company Name: _____

Address: _____

City/State: _____

Phone: _____ Fax: _____

Email: _____

Type of Membership:

- Individual - \$250 annual dues Law Firm - \$750 annual dues
 Corporation - \$1000 annual dues

Membership runs from the first of the month following our receipt of your Membership Application.

Special ReMedi Reception offer: Join now and your membership will run through December 31, 2010.

Please make checks payable to ReMedi (FEIN: 27-0327926) and mail to:

ReMedi
c/o Andrew Walsh, Treasurer
113 Cherry Lane
Berwyn, PA 19312

Or pay by credit card.

Please charge my credit card: Visa MasterCard Am Ex in the amount of \$ _____

Account no. _____ Exp. Date: ____/____/____

Cardholder's Name _____

Cardholder's Address: _____

Cardholder signature: _____

Note: Re/Insurance Mediation Institute (ReMedi) is applying for designation as a 501(c)(6) not-for-profit professional membership organization. Dues payments to ReMedi are not deductible as charitable contributions, but may be deductible as business expenses. Please contact your tax advisor for further information.