



MEMBERSHIP APPLICATION

AIDA Reinsurance & Insurance Arbitration Society
7918 Jones Branch Dr., Suite 300 • McLean, VA 22102
Phone: 703-506-3260 • Fax: 703-506-3266
Email: info@arias-us.org

NAME & POSITION

COMPANY OR FIRM

STREET ADDRESS

CITY/STATE/ZIP

PHONE

CELL

FAX

EMAIL

FEES AND ANNUAL DUES

Membership Type	Dues Amount
ARIAS Company Type (Number of Members)	
(A) Law Firms, Consulting & Actuarial Firms (1 - 5)	\$2,000
(B) Law Firms, Consulting & Actuarial Firms (6 - 10)	\$2,650
(C) Law Firms, Consulting & Actuarial Firms (11 +)	\$5,150
Insurance/Reinsurance Companies (1 - 15)	\$2,000
Individual Membership	\$450

Names of designated corporate representatives must be submitted on corporation/ organization letterhead or by email from the corporate key contact and include the following information for each: name, address, phone, cell, fax and e-mail.

PAYMENT INFORMATION

Payment by check: Enclosed is my check in the amount of \$ _____

Please make checks payable to ARIAS•U.S. (Fed. I.D. No. 13-3804860) and mail with registration form to:

By First Class mail: ARIAS•U.S., 6599 Solutions Center, Chicago, IL 60677-6005

By Overnight mail: ARIAS•U.S., Lockbox #776599, 350 E. Devon Ave., Itasca, IL 60143

Payment by credit card: Fax to 703-506-3266, or mail to ARIAS•U.S., 7918 Jones Branch Dr., Suite 300, McLean, VA 22102.

Please charge my credit card in the amount of \$ _____

AmEx Visa MasterCard

EXP.

SECURITY CODE

ACCOUNT NO.

CARDHOLDER'S NAME (PLEASE PRINT)

CARDHOLDER'S ADDRESS

SIGNATURE

AGREEMENT

By signing below, I agree that I have read the ARIAS•U.S. Code of Conduct and the Bylaws of ARIAS•U.S. and agree to abide and be bound by the ARIAS•U.S. Code of Conduct and the By-Laws of ARIAS•U.S. The Bylaws are available at www.arias-us.org under the "About ARIAS" menu. The Code of Conduct is available under the "Resources" menu.

SIGNATURE OF INDIVIDUAL
OR CORPORATE MEMBER APPLICANT