

# PRIMA Chapter Membership Initiative

*Use this application form to apply for a PRIMA Chapter Membership Initiative Award. Please note that this application should be submitted to the chapter, and not to PRIMA.*

Please answer all questions. Continue on additional sheets, if necessary.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Chapter: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Provide a brief profile of your organization, including a description of services and/or constituencies served:

---

---

---

Describe how the risk management and insurance functions are handled in your organization:

---

---

---

State your expectations, purpose, and goals in applying for this scholarship:

---

---

---

Provide a brief statement of financial need:

---

---

---

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Send completed applications to:**

Dannieka Williams  
Public Risk Management Association  
700 S. Washington St., Suite 218  
Alexandria, VA 22314

