



HOW TO APPLY FOR FERMA CORPORATE MEMBERSHIP?

Membership conditions

Corporate membership: an organisation domiciled in a country where there is no national association of Risk or Insurance managers member of FERMA, with insurable interests in Europe and employing a risk or insurance manager, excluding insurance and reinsurance companies and brokerage firms. Corporate members have no voting rights.

Procedure to become a Member

- 1- Complete the below application form
- 2- Submit by email to alejandra.lozano@ferma.eu , Communications Manager at FERMA Office in Brussels
- 3- The Board of Directors decides upon admission of a new member following the review of a written application of the candidate

Information and contact

Further information about FERMA is available on its website: www.ferma.eu

The contact for membership is Alejandra Lozano, FERMA Communications Manager alejandra.lozano@ferma.eu or at +32 476 62 12 72

FERMA Subscription rate for 2023-2024

Year	Fee per Corporate Membership in EUR
2024	Free of charge
The following years	750

Payment methods

Once you have sent your Application Form to FERMA, together with the necessary documents, you will automatically receive an invoice from FERMA. The invoice is payable by international bank transfer (no credit card). All bank charges for all payments by any method will be borne by the remitter.



APPLICATION FORM FOR CORPORATE MEMBERSHIP 2024

About your company

COMPANY	
Name:	Website:
Provide a short description of your company/organization's activities:	

About your representatives

REPRESENTATIVE 1	
<input type="checkbox"/> Male <input type="checkbox"/> Female	
First Name:	Last Name:
Function:	Date of Birth:
ADDRESS	
Street:	
City:	Zip/Postal Code:
Country:	
CONTACT	

Telephone:	Fax: n/a
E-Mail Address:	
MAILING ADDRESS (if different from above address)	
Street:	
City:	Zip/Postal Code:
Country:	

REPRESENTATIVE 2	
<input type="checkbox"/> Male <input type="checkbox"/> Female	
First Name:	Last Name:
Function:	Date of Birth:
ADDRESS	
Street:	
City:	Zip/Postal Code:
Country:	
CONTACT	
Telephone:	Fax n/a

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E-Mail Address:

MAILING ADDRESS (if different from the above address)

Street:

City:

Zip/Postal Code:

Country:

APPLICATION FORM FOR CORPORATE MEMBERSHIP 2024

FUNCTION
<p>Are representatives salaried employees of the company/organization requesting membership? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are representatives responsible for internal risk management functions within the company/organization? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are their positions in risk management?</p> <p><input type="checkbox"/> Full-time (risk management constitutes 90%+ of duties)</p> <p><input type="checkbox"/> Part-time (duties in addition to risk management)</p> <p>If part-time, what non-risk management responsibilities do they have?</p> <p>Which risk management functions are they directly involved in? (Check all that apply)</p> <p><input type="checkbox"/> Alt. Risk Transfer <input type="checkbox"/> Claims Mgmt. <input type="checkbox"/> Insurance Purchase <input type="checkbox"/> Risk Control <input type="checkbox"/> Self Insurance</p> <p><input type="checkbox"/> Alt. Risk Transfer <input type="checkbox"/> Claims Mgmt. <input type="checkbox"/> Insurance Purchase <input type="checkbox"/> Risk Control <input type="checkbox"/> Self Insurance</p> <p><input type="checkbox"/> Alt. Risk Transfer <input type="checkbox"/> Claims Mgmt. <input type="checkbox"/> Insurance Purchase <input type="checkbox"/> Risk Control <input type="checkbox"/> Self Insurance</p> <p><input type="checkbox"/> Alt. Risk Transfer <input type="checkbox"/> Claims Mgmt. <input type="checkbox"/> Insurance Purchase <input type="checkbox"/> Plan Design <input type="checkbox"/> Self Insurance</p> <p><input type="checkbox"/> ADA Compliance <input type="checkbox"/> Captives <input type="checkbox"/> Disability <input type="checkbox"/> Disaster Planning</p> <p><input type="checkbox"/> Employee Assist. <input type="checkbox"/> Environmental <input type="checkbox"/> Financial <input type="checkbox"/> Risk Assessment</p> <p><input type="checkbox"/> Enterprise <input type="checkbox"/> Long Term Health Care <input type="checkbox"/> Pension, Savings, Invest. <input type="checkbox"/> Information Systems</p> <p><input type="checkbox"/> Safety <input type="checkbox"/> Security <input type="checkbox"/> Wellness <input type="checkbox"/> Operational</p> <p>Would they like to be included in FERMA Member Directory and receive FERMA related communication?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Occasionally FERMA releases its membership mailing list to outside organizations offering products or services that may be of value to members. May we release your name and address?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Membership Dues

Year	Fee per Corporate Membership in EUR
2024	Free of charge
The following years	750

Membership Pledge

I verify that the information herein is true and accurate and that I have read 2.1, 2.2, 2.3, 2.4 of FERMA Constitution and Bylaws and hereby certify that our company/organization is eligible for membership in the Federation of European Risk Management Associations.

I further affirm that our company/organization will subscribe to the objectives of FERMA and abide by FERMA Constitution and Bylaws and any amendments.

Name of Company/Organisation:

Name of Primary Representative:

Function:

Date:

Signature:

FERMA Bylaws

2.1. Membership categories

2.1.1. National Associations membership: national associations are deemed to be any association, legally established, with a minimum of ten members (individual or legal entities), concerned with the defence of the interests of risk managers or buyers of insurance or associated valueadded solutions or services ("insurance managers") operating within the national boundary of a European country. National associations are voting members.

2.1.2. Individual membership: a person domiciled in a country where there is no national association of Risk and/or Insurance managers member of FERMA who is solely employed by an organisation to plan and/or oversee the management of risks and insurances of that organisation. Individual members have no voting rights.

2.1.3. Corporate membership: an organisation domiciled in a country where there is no national association of Risk or Insurance managers member of FERMA, with insurable interests in Europe and employing a risk or insurance manager, excluding insurance and reinsurance companies and brokerage firms. Corporate members have no voting rights.

2.1.4. Honorary membership: The Board of Directors may admit as honorary member an individual person who has rendered outstanding services for the benefit of Ferma. Honorary members have no voting rights

2.2. Membership fees

2.2.1. Members pay a membership fee proposed annually by the Board of Directors and accepted by the General Assembly.

2.2.2. For national associations, the fee applies to the number of active risk or insurance managers in the national association,

2.2.3. Membership fees are waived for honorary members.

2.3. New members

2.3.1. The Board of Directors decides upon admission of a new member following the review of a written application of the candidate or for honorary members upon the proposal of a Director.

2.3.2. Application for membership of a national association must be accompanied by a copy of the articles of constitution of the association, a list of members and Board members (as applicable) and a short report enabling the Board of the Association to understand fully the nature, size and representative capacity of the applicant.

2.3.3. If an application is denied membership by the Board, the applicant has the right to appeal against such decision at the next General Assembly which will decide when three-quarters of the votes of the members present and/or represented are cast for the same outcome.

2.4. Members Governance

2.4.1. To maintain its membership, a member must justify at all times to meet the initial requirements for its admission.

Any member must inform without delay the Board of Directors of the loss of one of those.

2.4.2. A member may at any time by written notification to the Board of Directors, resign from the Association.

2.4.3. Members who fail to pay their membership dues as stated in 2.2 during two consecutive years shall lose, upon decision of the Board, their status of members of the Association.

2.4.4. Members who act against the objectives or interests of the Association can have their membership revoked by decision of the General Assembly taken by a majority of three-quarters.

2.4.5. Before its revocation, the member will have the possibility to be heard by the General Assembly.

2.4.6. Resigning members or members who cease to belong to the Association for whatsoever reason shall have no claim to the contribution paid and shall not assert any claim to the patrimony of the Association.

