



MEMBERSHIP APPLICATION FORM

PARIMA Membership is complimentary and exclusive for people involved in Risk Management and Insurance for their organization. The PARIMA Executive Committee reviews the applications. Kindly fill out the below fields diligently and provide your job description if possible to make the screening process smoother.

If you are a student/academic, please tick

First Name: Last Name:
E-Mail:
Title/Position:
Organization:
Country Currently Residing In:
Nature of Business:

Areas of Risk Management Responsibility

Which risk management functions are you directly involved in ? (check all that apply) *

- | | |
|--|--|
| <input type="checkbox"/> Business Continuity Management & Planning | <input type="checkbox"/> Internal Control |
| <input type="checkbox"/> Captives & Alternative Risk Financing | <input type="checkbox"/> Litigation Management |
| <input type="checkbox"/> Compliance (Regulatory & Legal) | <input type="checkbox"/> Operational Risk Management |
| <input type="checkbox"/> Crisis Management | <input type="checkbox"/> Quality Control |
| <input type="checkbox"/> Cyber & IT | <input type="checkbox"/> Reputation |
| <input type="checkbox"/> Data Privacy | <input type="checkbox"/> Resilience |
| <input type="checkbox"/> Enterprise Risk Management | <input type="checkbox"/> Security |
| <input type="checkbox"/> Financial Risks | <input type="checkbox"/> Strategic Risk |
| <input type="checkbox"/> Human Capital/Resources | <input type="checkbox"/> Supply Chain |
| <input type="checkbox"/> Insurance & Risk Financing | <input type="checkbox"/> Sustainability |
| <input type="checkbox"/> Insurance Claims Management | <input type="checkbox"/> Workplace Health & Safety |
| <input type="checkbox"/> Internal Audit | |

Others : Please Specify

Referred by:

(Please proceed to Page 2)



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What are your reasons for joining PARIMA?

- Networking
- Attendance to masterclasses and educational forums
- Free tools and resources
- Potential risk management certification
- Structured professional development
- Others, please specify below:

What are some areas PARIMA can contact you for?

- Speaking opportunity at our events
- Volunteering to be a Committee Member
- Interviews by Media
- Volunteering to be part of our taskforce and advisory board for specific short-term projects
- Others, please specify below:

All information input on this form will be kept confidential by the organizations behind PARIMA.

Privacy Policy*

- I Agree to the privacy agreement [Privacy Policy](#). PARIMA will not divulge your particulars and will treat all information provided with confidentiality.