|  |  |
| --- | --- |
| COMPANY / ASSOCIATION |       |
| ADDRESS |       |
| CITY |       | STATE |       | ZIP |       |
| TELEPHONE |       | FAX |       |
| E-MAIL |       | WEB SITE WWW |       |
| FULL NAME OF CORPORATE REPRESENTATIVE |       |
| JOB TITLE |       |
| PRIMARY INDUSTRY OF APPLICANT |       |

**About the Kentucky Captive Association, Inc.**

The Kentucky Captive Association, Inc. (“KCAI) was formed in May 2004. The mission of this non-profit organization is to promote the formation and growth of captive insurance programs within the state of Kentucky. It carries out this role by providing legislative/regulatory monitoring, organizing educational conferences, and preparing and disseminating a variety of informational resources. The KCAI’s web site is [www.kycaptive.com](http://www.kycaptive.com).

**The following are some of the benefits you will enjoy as a KCAI member:**

* **Information:** KCAI will help provide you with up-to-date information about the Kentucky captive insurance marketplace.
* **Education:** Association members receive significant discounts on attending educational conferences and other organized events.
* **Legislative and Regulatory Monitoring:** One of KCAI’s priorities is to ensure that Kentucky maintains conservative laws that do not limit the formation of captives.
* **Networking/Marketing Opportunities:** KCAI offers networking and marketing opportunities for captive insurance professionals. Members can participate on committees and task forces, as well as receive discounts on various advertising and sponsorship programs.

**Membership Information**

Initiation (one time fee) …….……………………… $100

Individual Membership (annual) ..…………………… $250

Corporate Membership (annual) .…………………. $500

* 3 individuals, same company

Your membership in KCAI is not tax deductible as a charitable contribution for federal income tax purposes. However, membership dues and related payments to KCAI may be deductible as an ordinary and necessary business expense.

**Type of Business** (check one only)

[ ]  Captive Insurance Company ….………….………… 01

[ ]  Industry Service Provider …………............................ 02

[ ]  Other ………….…….……………………………… 03

**Payment Information:**

[ ]  Pay via PayPal on website– **Email completed registration to** **info@kycaptive.com** **(you must “Save File” and attach to email)**

[ ]  Enclosed is my check made payable to Kentucky Captive Association, Inc.

**$** **- Mail Completed Application and Payment To:**

Kentucky Captive Association

Attention: Michael Shields

PO Box 23790

Louisville, Kentucky 40223