

The NAMIC Professional Farm Mutual Manager (PFMM) designation formally recognizes the educational accomplishments and dedication to professionalism of the progressive farm mutual manager and farm mutual leaders.

**EARNING THE PFMM  
 DESIGNATION**

PFMM CORPORATE SPONSOR



Submit this completed Professional Farm Mutual Manager application with the \$50 administrative fee. It is recommended that applications are submitted prior to starting the PFMM process so NAMIC can best track event attendance.

Serve in a management role in a farm mutual insurance company or in a management role that actively and regularly works with farm mutual insurance companies.

Have a minimum of five years property/casualty insurance experience at the time of completion.

Attend, in any order, the three in-person modules and one virtual module within five years.

Track PFMM course attendance on site at NAMIC events and turn in the appropriate form(s) to receive credit.

Remain in active status by paying the annual active participant fee beginning the calendar year after enrollment. Fee is \$50 per year while working toward the designation, and \$100 per year once certified.

New PFMMs are certified on August 1st of each year regardless of when requirements are completed during the year. Requirements completed after August 1st in any given year results in certification the following calendar year.

**CONTACT INFORMATION**

**APPLICATION DATE:**

First Name	Middle Initial	Last Name
Title	Company	
Mailing Address		
City	State	Zip or Postal Code
Province	Country	
Applicant's Telephone	Fax	E-mail

**PAYMENT INFORMATION**

MasterCard      American Express      Check # \_\_\_\_\_  
 Visa                  Discover                                      *payable to NAMIC (In U.S. Dollars)*

Card Number	Expiration Date	3-digit Security Code (4-digit for AmEx)
Name as it appears on the card		
Card Holders Billing Address		

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**EDUCATION AND  
 CAREER EXPERIENCE**

First Name	Middle Initial	Last Name
Company	E-mail	

If you were referred by a current PFMM designate, please provide their name and contact information.

Name	E-mail
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If you or your company is a member of a regional or state chamber of commerce, please provide contact information.

Chamber of Commerce Chapter	Telephone	Website Address
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List your educational experience, designation, and association memberships. Include a job description for your current position with this application.

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Check all the PFMM modules you have completed and include the date and location.

MODULE	DATE	LOCATION
Strategic Business Management	_____	_____
Underwriting And Claims	_____	_____
Financial Management	_____	_____
Virtual	_____	_____