

PROFESSIONAL FARM MUTUAL MANAGER DESIGNATION APPLICATION



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.

To be eligible to become a Professional Farm Mutual Manager you must:

- Complete this application and mail it along with a one-time \$50 application fee to NAMIC, PFMM Designation, P.O. Box 68700, Indianapolis, IN 46268.
- 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 you complete the certification requirements.

To receive the designation, you must fulfill the following requirements:

- Complete, in any order, the three PFMM modules as well as one additional NAMIC event (excluding NAMIC's Annual Convention, FMDC courses, and virtual events).
- Sign in as a designation candidate when attending PFMM qualified in-person events.
- Complete designation requirements within five years of application to the program.

New PFMMs are certified on August 1st of each year regardless of when designation requirements are completed and are formally recognized in September at NAMIC's Annual Convention during the Farm Mutual Conference Annual Meeting of Members.

CONTACT INFORMATION

First Name	Middle Initial	Last Name
Title		Application Date (MM/DD/Year)
Company		
Mailing Address		
City	State	Zip or Postal Code
Province	Country	
Applicant's Telephone	Fax	E-mail Address

PAYMENT INFORMATION

Enclosed is Check # _____ payable to NAMIC (In U.S. Dollars)

Charge to the following card: MasterCard VISA American Express Discover

Card Number	Expiration Date
Name as it appears on the card	3-digit security code (4 digit for AmEx)
Card holder's 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 Address

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

List your educational experience, designations, and association memberships. Include a job description for your current position with this application.

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

	Date	Location
<input type="checkbox"/> Strategic Business Management Module	_____	_____
<input type="checkbox"/> Underwriting and Claims Module	_____	_____
<input type="checkbox"/> Financial Management Module	_____	_____