

BRMA

BUSINESS RECOVERY MANAGERS ASSOCIATION

Non-Profit Organization Tax ID Number 94-3191467

Membership Application

Annual Dues \$110

New Member (*For prorated dues after May 1st call 925-355-8660*)

January 1st through December 31st

Renewal

Name: _____

DRI Cert: _____

Title: _____

Other Certification: _____

Company Name: _____

Street Address: _____ City: _____ ST: _____

Zip Code: _____ e-mail: _____

Phone: (____) _____ Referred by : _____

Job Duties (Check all that apply):

Disaster Recovery Business Continuity Emergency Response Risk Other _____

Business Category (Check only one)

<input type="checkbox"/> Biotechnology/Pharmaceuticals	<input type="checkbox"/> Health Care	<input type="checkbox"/> Transportation
<input type="checkbox"/> Consulting	<input type="checkbox"/> Insurance	<input type="checkbox"/> Utility
<input type="checkbox"/> Education	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Vendor
<input type="checkbox"/> Finance/Banking	<input type="checkbox"/> R & D	<input type="checkbox"/> Other _____
<input type="checkbox"/> Government Agency	<input type="checkbox"/> Retail	_____

CODE OF ETHICS

All members of the Business Recovery Managers Association and their guests in conjunction or connection with any BRMA activity shall:

- ◆ Abide by the code of ethics, bylaws, and policies of the organization.
- ◆ Conduct themselves in a professional manner.
- ◆ Register at all BRMA meetings and activities.
- ◆ Not engage in sales activities or solicitation.
- ◆ Not conduct any other activity contrary to the mission and objectives of BRMA.
- ◆ Not distribute any materials or post displays of any kind at BRMA activities without the prior approval from the Board of Directors.
- ◆ Use the membership mailing list only for contacting other members to discuss business continuity planning and official BRMA business. The membership list may not be used for sales or solicitation purposes.
- ◆ Not use the BRMA name other than in the conduct of BRMA business, as determined by the bylaws and/or the Board of Directors.

I have read, understand and agree to abide by the Code of Ethics.

Signature _____

Date _____

Send the signed, completed application and your check (unless you are paying online through PayPal) to:

BRMA
PO Box 2184
San Francisco, CA 94126