Member Designee Form

Per the NPIP Membership Agreement, Section 3.7.1 (see below), each member is required to designate a representative to the program. Please provide the information requested at the bottom of the page. The full membership agreement is available at [www.npip.org](http://www.npip.org).

It is important that we have your current designee contact information on file to guarantee you are receiving: notices required by the state rules, policy renewal and coverage change information, details regarding your Board of Directors, and communications for information that may be valuable to your organization on services included with your membership in NPIP. In addition, election information regarding the Board of Directors election will be sent to the designated representative given below.

**Please return this form** to the Non Profit Insurance Program (NPIP) at [endorsements@chooseclear.com](mailto:endorsements@chooseclear.com). If you have any questions, please contact Taylor Montgomery at [tmontgomery@chooseclear.com](mailto:tmontgomery@chooseclear.com), or at 509-754-2027.

***PLEASE COMPLETE ALL FIELDS***

*3.7.1 The governing body of each Member shall designate in writing a representative who shall be authorized to* ***exercise the Member’s voting rights*** *with respect to the Program and to* ***act on behalf of the Member*** *with respect to all matters pertaining to the Program.*

Non Profit Organization’s Name:

Executive Director Name:

Email:

Phone:

Primary Member Contact / Voting Representative’s Name:

Title:

Email:

Phone:

Form Completed By:

Printed Name:

Date Signed: