

2010 COLUMBIA CLAIMS ASSOCIATION – MEMBERSHIP APPLICATION

NEW _____ MEMBER _____
RENEWAL _____ ASSOCIATE _____
RETIRED _____ (no fee required)

ANNUAL MEMBERSHIP FEE \$20 PER PERSON
MONTHLY DUES \$20 PER PERSON

NAME: _____ BIRTHDAY: _____

COMPANY: _____

COMPANY MAILING ADDRESS: _____

E-MAIL ADDRESS: _____

PHONE #: _____ FAX #: _____

POSITION/TITLE: _____

LENGTH OF TIME AFFILIATED IN INSURANCE: _____

OBTAINED DEPT. OF INSURANCE LICENSE: _____ YEAR: _____

WHO REFERRED YOU TO THE CLAIMS ASSOCIATION? _____

**HELP US MAKE YOUR ASSOCIATION BETTER. GIVE US YOUR SUGGESTIONS.
(Membership growth, attendance and speakers you would like to hear this year and topics
of interest.)**

VOLUNTEER FOR ONE OF THE COMMITTEES. GET INVOLVED.

- | | | |
|---------------------------------|--------------------------------------|-----------------------------|
| 1. Directory _____ | 2. Membership _____ | 3. Scholarship _____ |
| 4. Golf Tournament _____ | 5. Adjuster of the Year _____ | 6. Nominating _____ |
| 7. Benevolence _____ | 8. Legislative _____ | 9. Education _____ |

SIGNATURE: _____ DATE: _____

This form must be completed and returned, in order to receive the monthly newsletter and directory. Please return this form to: **Columbia Claims Association, P.O. Box 24348, Columbia, S.C. 29224-4348. Thank you.**