

**CHARLESTON AREA CLAIMS ASSOCIATION
2010 MEMBERSHIP APPLICATION**

Send to:

**Deborah Travis
Adair, Horne & Associates
Po Box 21730
Charleston SC, 29413**

Annual Membership Fee: \$25.00 / Associate Member Fee: \$50.00.

Type of Membership:

**Member-Engaged in Full-Time Claims
Licensed Adjuster or Appraiser**
 **Associate-Other Whose Concerns are
affiliated With Insurance Claims**

Name: _____

Company: _____

Address: _____

Phone: _____ **Fax:** _____

Email: _____

Position/Title: _____

Number of Years in Industry: _____

How many meetings do you expect to attend? (Circle One)

1-3 4-6 7-9 **All**

**Do you have any suggestions for meeting locations, activities or Fundraising
Projects? _____ Attorney question & answer section.**

If you are interested in helping out with the Association, please contact an Officer

Signature: _____ **Date:** _____

State Membership is included in your local dues.