CHARLESTON AREA CLAIMS ASSOCIATION
2012 MEMBERSHIP APPLICATION

Send to: **Deborah Travis**
Adair, Horne & Associates
P.O. 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 Address: _____

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 on topics for speakers, or meeting locations?

_____

_____

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

Signature:_____ Date: _____

****State Membership is included in your local dues.**