

TEXAS CLAIMS ASSOCIATION

INDUSTRY MEMBERS/VENDORS

New Member Application / Member Address Change Form

For address changes, fill out name, address, city, state, zip. For New Member application, fill out entire form and mail check for annual dues of \$100.00 payable to Texas Claims Association. Mail both New Member application and address changes to:

Name: _____ New Renewal

Address: _____ City _____ State _____ Zip _____

Phone: _____ Preferred Mailing Address: Home Work

Employer: _____ Position _____

Address: _____ City _____ State _____ Zip _____

Business Phone: _____ Fax _____ E-mail _____

Job Description/What services do you offer?: _____

Please include a Business Card with the application to be printed in our quarterly Citation publication.

Recommended by: _____

Address: _____ City _____ State _____ Zip _____

ANNUAL DUES: \$100.00

Payable to: Texas Claims Association

**RANDAL L. ORDNER, Executive Secretary-P.O. Box 1272
Tomball, Texas 77377**

Signature _____

Date: _____