

TEXAS CLAIMS ASSOCIATION

Member/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 \$30.00 payable to Texas Claims Association. Mail both New Member application and address changes to the address listed below:

Name: _____ New ___ Renewal ___
Address: _____ City _____ State _____
Zip _____
Home Phone: _____ Preferred Mailing Address: Home ___
Work ___
Employer: _____ Position _____
Address: _____ City _____ State ___ Z
ip _____
Business Phone: _____ Fax _____
***E-mail _____ (please include)
Job Description: _____

Are you actively engaged in the Insurance Claims Business? Yes ___ No ___
Licensed Adjuster? Yes ___ No ___ License No: _____

Do you have college age dependents? Yes ___ No ___

Recommended by: _____
Address: _____ City _____ State ___ Zip _____

ANNUAL DUES: \$30.00 November 1 to October 31

Payable to: Texas Claims Association

Mail to:

RANDAL L. ORDNER, Executive Secretary

P.O. Box 1272

Tomball, Texas 77377

Signature _____

Date: _____