

Raleigh Claims Association
2010 Application for ASSOCIATE Membership

ASSOCIATE MEMBERSHIP may be granted to any person upon application and payment of dues provided such person meets any one of the following descriptions:

- inspires and inculcates, by proper education and the dissemination of information, a deeper interest in the study of adjusting and related activities;
- provides and encourages adherence to a code of ethics for those engaging in the business of adjusting and related activities; or
- is engaged in a business that directly services the work function performed by regular members.

Any applicant for Associate Membership may be rejected with or without cause by the Board of Directors. Associate Members are entitled to all the rights and privileges of the Association with the exceptions of voting, scholarships and holding office.

Date: _____

***Please print legibly! If you cannot print legibly, please type or attach a business card.
Application for Associate Membership must be submitted for approval annually.***

Name: _____

License(s) Held, if any: _____

All meeting notices sent throughout the year are sent only via email. Please indicate whether you prefer:
 Home Email Address _____ Work Email Address _____

Job Title: _____

Employer/Company Name: _____

Company Mailing Address: _____

Work Telephone: _____

Home Address: _____

Home Telephone: _____

Cell Phone: _____

Are you a member of any other local claims associations? yes no

If yes, name(s) of associations: _____

Are you interested in sponsoring any events? yes no not sure, please have someone contact me

Are you interested in sponsoring any meetings? yes no not sure, please have someone contact me

Are you interested in helping with events such as the Golf Outing, Christmas Party, etc., either with advance planning or on-site the day of the event? yes no not sure, please have someone contact me

Please send your \$20.00 membership dues to:
Raleigh Claims Association
P.O. Box 10183
Raleigh, NC 27605-0183

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| For Board Use Only: |
| Date Received _____ |
| Amount _____ |
| Receipt Sent: _____ |
| Email Verified on Membership List _____ |
| Board Reviewed _____ |
| Date Approved/Rejected: _____ |