

**Raleigh Claims Association**  
**2012 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: \_\_\_\_\_

How did you become interested of RCA? \_\_\_\_\_

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

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