

FORT WORTH CLAIMS ASSOCIATION MEMBERSHIP APPLICATION

October 1, 2009 to October 1, 2010
New Memberships and Renewals

Name _____ Company _____

Position _____ Date _____

MAILING ADDRESS

Address _____

City _____ State _____ Zip _____

Business Phone _____ Cell Phone _____ Fax _____

EMAIL _____

Member Name	TX Adj. Lic. Number	Email & Phone number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please use Additional paper if necessary.

2009/2010 Annual Dues

Individual Active \$15.00 _____ Individual Associate \$15.00 _____

Company Active \$80.00 _____ Company Associate \$80.00 _____

Active Members are licensed insurance adjusters actively engaged in handling of Insurance claims.
Please check the appropriate membership category.

**PLEASE MAKE CHECKS PAYABLE TO:
FORT WORTH CLAIMS ASSOCIATION, INC.**

Please return form with payment

MAIL TO : Ft. Worth Claims Association, Inc.
PO Box 8285
Fort Worth, Texas 76124