

# FORT WORTH CLAIMS ASSOCIATION MEMBERSHIP APPLICATION

October 1, 2007 to October 1, 2008  
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 Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please use additional paper if necessary.

## **2007/2008 Annual Dues**

Individual Active \$10.00 \_\_\_\_\_ Individual Associate \$10.00 \_\_\_\_\_

Company Active \$60.00 \_\_\_\_\_ Company Associate \$60.00 \_\_\_\_\_

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.  
Complete this form and return to**

**Ft. Worth Claims Association, Inc.  
P. O. Box 8285  
Ft. Worth, TX 76124**