



Jacksonville Claims Association

P. O. BOX 17311
JACKSONVILLE, FLORIDA
32245-7311
www.jaxclaims.com

MEMBERSHIP APPLICATION

➔ Before checking a type of membership, read the description of membership types below. Check only one.

New Member	Renewal Member	New Sponsor	Renewal Sponsor
_____	_____	_____	_____

Membership Types

Members are those individuals directly engaged in claims handling or in the supervision of those engaged in claims handling. Claims handling is defined to mean spending the majority of time in the investigation, negotiation, and settlement of insurance claims, or supervising or managing persons so engaged, attorneys whose principal practice is insurance defense, appraisers and surveyors whose major duties are devoted to insurance claims or are retired members in good standing. All others including persons or companies providing services to the claims profession are classified as sponsor members.

Dues

Membership fee for an individual member is \$25.00 and \$50 for an individual sponsor member. Dues are payable annually. Corporate membership and Sponsor Corporate memberships are available to companies who have more than five individual members. Regular Corporate Membership is \$125.00 and Sponsor Corporate Member is \$250.00. Corporate membership covers all members of the company at no extra charge after the first five have been designated in order to receive meeting notices, etc. Only the five designated members have voting privileges at any official meeting / function.

Application / Acceptance

I hereby make application to the Jacksonville Claims Association. If my application is accepted I agree to adhere to the Antitrust Policy and abide by the Constitution and By-Laws adopted by the Jacksonville Claims Association. Please make check payable to Jacksonville Claims Association or if you prefer, you can complete an application on-line and pay by credit card on-line.

Name:

Company /
Employer:

Position:

Mailing Address:

City:

St:

Zip:

Telephone:

Fax:

Email:

Please forward application and payment to:

Membership Committee
JACKSONVILLE CLAIMS ASSOCIATION

P.O. Box 17311

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