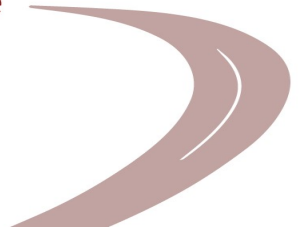


2020 MEMBERSHIP APPLICATION

Jacksonville
Claims Association Inc.



Member

P.O. Box 17311
Jacksonville, FL 32245
JaxClaims.com

Membership Categories

Regular Members

Regular Members are those individuals who possess an active State Adjuster License and/or are directly engaged in claim handling by an insurance company, adjusting company or self-insured or attorneys whose principal practice is limited to insurance defense or are retired members in good standing.

Regular Member Dues are \$35 per year and are renewable each calendar year in January.

Regular Corporate Members

Regular Corporate membership covers all licensed adjusters of the insurance company, adjusting company or defense law firm at no extra charge after naming the first five members as having been designated to receive meeting notices, etc. Only the five designated members have voting privileges at any official meeting / function. Corporate Regular Membership is 175 per year and renewable each calendar year in January.

Sponsor Members

Sponsor Members are those persons or companies providing products and/or services to the claims and legal profession and are classified as Sponsor Members. Dues for Sponsor Members are \$85 per year and renewable each calendar year in January

Corporate Sponsor Members

Sponsor Corporate Membership covers all members of the firm providing products and/or services to the claims and legal profession (vendors). Sponsor Corporate Members do not have any voting privileges in the business of the association. Sponsor Corporate Membership is \$400 per year and renewable each calendar year in January.

Check the one box that applies:

- New Individual Regular Member Renewal Individual Regular Member
- New Corporate Regular Sponsor Renewal Corporate Regular Sponsor
- New Individual Sponsor Member Renewal Individual Sponsor Member
- New Corporate Sponsor Member Renewal Corporate Sponsor

Corporate Members: Provide a list of employees / agents names & email addresses that are included in the Membership

I (we) hereby apply for membership / renewal membership in the Jacksonville Claims Association, Inc. in the membership category checked above. I (we) understand that to become a member and to remain a member in good standing, I (we) must renew my (our) membership and pay annual dues each calendar year. I (we) must conduct myself (ourselves) in a professional business manner at all times. I (we) agree to abide by the By-Laws, Constitution and Rules of the Association and attest that I (we) will fully comply with the Antitrust Compliance Statement as adopted by the Jacksonville Claims Association, Inc. during all Association meetings, event and gatherings. I (we) understand that violation of can be cause for revocation of membership.

Please make check payable to Jacksonville Claims Association or JCA, Inc. if you prefer and you can also complete an application on-line and pay by credit card on-line.

Please Print: First & Last Name: _____

Company: _____

Street Address: _____

City / State / Zip: _____

Email: _____

Cell Phone: _____

Occupation or Job Title: _____

Birthday Month : _____ Birthday Day: _____

License Number: _____