

CORPORATE MEMBERSHIP APPLICATION

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

New Corporate Regular Member	Renewal Corporate Regular Member	New Corporate Sponsor Member	Renewal Corporate Sponsor Member
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Membership Types

Corporate Regular Members are those firms whose associates possess current State Adjuster's License and/or are directly 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 other companies who are providing services or products to the claims profession are classified as **Corporate Sponsor Members**.

Dues

Regular Corporate Membership is for insurance companies, adjuster firms and defense law firms. All others are Sponsor Corporate Members. Regular Corporate Membership and Corporate Sponsor Memberships can be used by companies who desire to have corporate identification and/or have more than five individual members. Regular Corporate Membership is \$150.00 and Corporate Sponsor Membership is \$425.00. Corporate membership covers all members of the firm at no extra charge after the first five have been named in the Application. Regular Corporate Members designated will receive meeting notices and are the only members of the organization that have voting privileges at any official event / function. Corporate Sponsor Membership covers all members of the organization at no additional charge. The first five named in the application will receive meeting, event and function notices. Sponsor Corporate Members do not have voting privileges in any Association meetings, events or functions.

Application / Acceptance

We hereby make Corporate Application to the Jacksonville Claims Association. If our Corporate Application is accepted we and our members 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.

Check one: () Corporate Regular Membership () Corporate Sponsor Membership

Corporate Representative Name: _____

Position: _____

Firm Name: _____

Mailing Address: _____

City: _____ St: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____

List the First and Last Name of each of the five (5) Principal Members of your Corporate Membership below. Include their individual position or job title, email address, telephone extension and fax number for each. Use a separate sheet of paper if necessary. If you desire to have all your members listed in the Official JCA Annual Resource Guide, include their first and last names, job title or position, email address, telephone and fax for each. However, only the first five (5) will be those designated as having voting privileges. You can update your membership role at any time.

FIRST NAME _____ LAST NAME _____

POSITION _____ EMAIL _____

PHONE _____ FAX _____

FIRST NAME _____ LAST NAME _____

POSITION _____ EMAIL _____

PHONE _____ FAX _____

FIRST NAME _____ LAST NAME _____

POSITION _____ EMAIL _____

PHONE _____ FAX _____

FIRST NAME _____ LAST NAME _____

POSITION _____ EMAIL _____

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FIRST NAME _____ LAST NAME _____

POSITION _____ EMAIL _____

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