

Jacksonville

Claims Association Inc.

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.

<u> </u> New Member	<u> </u> Renewal Member	<u> </u> New Sponsor	<u> </u> Renewal Sponsor
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Regular Individual Membership

The Regular membership is for adjusters who have an active adjuster's license. Membership benefits will become effective upon approval of your application and endure through the end of the calendar year. To remain "Active" your membership renewal is due each calendar year during the month of January. For more information please contact info@jaxclaims.com. Our Association is not accepting applications from Public Adjusters.

Sponsor Individual Membership

If you work in sales, marketing, or as a business owner in an industry that provides services or products to insurance adjusters or companies, you would benefit by becoming a Sponsor Individual Member. Unfortunately our association is not accepting law firms representing plaintiffs. For more information, please contact info@jaxclaims.com. Membership benefits will be effective through the end of the calendar year, at which time you will have an opportunity to renew for next year.

Dues

Membership fee for an individual member is \$30.00 and \$60 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 \$150.00 and Sponsor Corporate Member is \$300.00. 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. Corporate Regular Membership Applications and Corporate Sponsor Membership Applications are separate forms and are available on-line or upon request to the Membership Chairperson.

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: _____ St: _____ Zip: _____

City: _____ Fax: _____

Email: _____

Make Checks Payable to Jacksonville Claims Association and forward application & payment to:

Membership Committee
JACKSONVILLE CLAIMS ASSOCIATION

P.O. Box 17311

Jacksonville, FLORIDA 32245-7311

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