

# TOLEDO CLAIMS ASSOCIATION

## APPLICATION FOR MEMBERSHIP

DATE \_\_\_\_\_ SPONSOR \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

OFFICE PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMPLOYER \_\_\_\_\_

TITLE \_\_\_\_\_

E-MAIL \_\_\_\_\_

### CHECK THE BOX OF THE DESIGNATION THAT APPLIES TO THIS MEMBER

Regular Member - \$35

-Any claims department head or adjuster (defined as one who handles claims on a full time basis and has no other function) who provides full time service for an insurance company or self-insurers in the adjustment and settlement claim losses is eligible for membership.

Vendor Member - \$35

-Any individual working full time in a repair or replacement, restoration or cleaning, rental or salvage, investigative or technical, medical or legal and/or other service business whose primary activity is assisting insurance company claim departments to service the policy contract to the benefit of insureds and claimants, subject to the approval of the Executive Committee and the membership of the Toledo Claims Association.

Associate Member - \$60

-Any individual primarily engaged in the defense or handling of claims for insurance companies or self-insurers may be eligible for association membership, subject to the approval of the Executive Committee and the membership of the Toledo Claims Association.

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DATE OF PAYMENT \_\_\_\_\_ AMOUNT OF PAYMENT \_\_\_\_\_

FORM OF PAYMENT (circle one) CASH OR CHECK      CHECK # \_\_\_\_\_

RECEIVED BY \_\_\_\_\_