

**SPRINGFIELD CLAIMS ASSOCIATION  
APPLICATION FOR MEMBERSHIP  
ACTIVE MEMBER**

Date: \_\_\_\_\_

I hereby make application for membership in the Springfield Claims Association, as an Active Member, and deposit herewith \$10.00 for membership dues.

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Company: \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: Home: \_\_\_\_\_ Office: \_\_\_\_\_

Fax: \_\_\_\_\_

Description of Duties: \_\_\_\_\_  
\_\_\_\_\_

I hereby certify that I am employed as a Claims Examiner for the above named company. I have been employed for the past \_\_\_\_ years. My principal means of livelihood is gained by the examining of claims in behalf of the above named company or companies and I am not available to the general public as a practicing attorney.

Signature: \_\_\_\_\_

We, the below subscribed members of the Springfield Claims Association hereby recommend this applicant for membership in our association.

Signatures: \_\_\_\_\_  
\_\_\_\_\_

Approved / Rejected by Executive Board \_\_\_\_\_ by General Membership \_\_\_\_\_