

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

Date: _____

I hereby make application for membership in the Springfield Claims Association, as an Associate 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 _____ for the above named company. I have been employed for the past _____ years. My principal means of livelihood is gained by servicing the adjustment of claims. 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 _____