

Richmond Claims Association
P.O Box 6714
Richmond, Virginia 23230

Application For Membership

I hereby apply for membership in the Richmond Claims Association and the Virginia State Claims Association:

Full name:

Home Address:

Employed By:

Business Address:

Business Phone:

Fax Number:

Job Title:

Years in Claims:

Email Address:

Have you attended two meetings in the last six months?

Which Meetings?

Please circle those areas below in which you would be willing to assist the Association:

Entertainment
Programs
Nominations
Publicity

Membership
Directory
Sponsors
Community Service

Scholarship
Refreshments
By-Laws

Legislative
Grievances
Education

The \$25 membership fee must be submitted with this application for membership to be considered. Checks should be made payable to the Richmond Claims Association and forwarded to:

**Richmond Claims Association
Debbie Davis
P.O. Box 27552
Richmond, Virginia 23261**

The member sponsoring my application is:

(Signature)

Date application received by Membership Chairman: _____

Date member was accepted into the Association: _____