

SAN ANTONIO CLAIMS ASSOCIATION
P.O. Box 291130 San Antonio, Texas 78229-1730

2010 MEMBERSHIP APPLICATION

MEMBERSHIP:

\$30.00 – New Member \$30.00 - Renewal

Regular Industry

Important: San Antonio Claims Association bylaws can be reviewed at www.sanantonioclaims.org. Please review for eligibility requirements, your application certifies that you meet those requirements to be either a Regular or Industry Member.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Telephone #: _____ Alternate Phone #: _____

Employed Self Employed

Employer Name: _____ Position: _____

Office Telephone #: _____ Email Address: _____

Are you an active Adjuster of Insurance Claims? Yes No

If No, please explain: _____

Do you hold a current Texas Adjuster License? Yes No

Type of License: _____ License #: _____ Exp. Date: _____

Which of the following best describes your primary job function?

P&C Adjusting/Appraising Workers Compensation Adjusting

Other: _____

Note: In order to receive membership and event notices by email, your current email address is required. Email addresses and other contact information can be updated at any time at www.SanAntonioClaims.org

SACA USE ONLY:

Received Check # _____ on _____ / _____ / _____