

NEW MEMBERSHIP APPLICATION
ORLANDO CLAIMS ASSOCIATION

2012

ACCOUNTING
Pd by cash___ check no. ____
Date_____

PLEASE CHECK ONE

\$25.00 Dues – Licensed and working as Adjusters

Adjuster License No: _____

\$55.00 Dues – Associate Member/Other

Please print legibly

NAME: _____

Home Address:

Street

City and Zip

Home Phone:

Birth date: (Month/Day) _____

Employer: _____

Work Address:

Street

City and Zip

Work Phone: _____

Fax: _____

E-Mail

MAIL TO HOME BUSINESS

PREVIOUS ORLANDO CLAIMS ASSOCIATION MEMBERSHIP: _____

PREVIOUS OTHER CLAIMS ASSOCIATION MEMBERSHIP: _____

PRESENT JOB POSITION TITLE: _____

I understand that approval of this application for membership is subject to all the membership requirements of the constitution and by-laws of the Association and the approval of the membership.

APPLICANT'S SIGNATURE: _____

Mail check and application to:
Sandra Perkins
Attn: OCA
12104 Randall Woods Drive
Midland, GA 31820