SOUTH FLORIDA CLAIMS ASSOCIATION INDIVIDUAL MEMBERSHIP APPLICATION 2017

Before checking a type of membership read the	description of	membership types	below. Please check only one.	
Regular Member (\$40)	A	Associate Member (\$125)	
Membership Types Regular members are those individuals wadjusting or in the supervision of those engineering the majority of time in the investigation, normanaging persons so engaged. All others individuals who hold or work for an individual which are not eligible for membership.	gaged in clain egotiation ar are classifie	ms adjusting. Cland settlement of das associate m	nim adjusting is defined as spend insurance claims, or supervising nembers with the exception of the	ding g or ose
Dues Membership fee is \$40.00 for Regular Membership fee is \$40.00 for Regular Membership from January to May of each year. Application/Acceptance I hereby make application to the South Floriadhere and abide by the Constitution and Bubject to approval and receipt of annual Association or if you prefer you can pay by the Constitution or if you prefer you can pay by the Constit	rida Claims <i>F</i> By-Laws ado I dues. Plea	Association. If my opted by the Asso se make check	application is accepted I agree to	0 s
Name (Print):			Amount Paid \$	_
Please print name above clearly a lf you wish "Member Since" to	appear on n	name tag, please o	complete YEAR below.	
If Renewal (I have been a SFCA Member S	Since/Year) ₋			
Company/Employer:				
Position:		Ins. Lice	ense #	
Mailing Address:				
City:	_ State	Zip: _		
Telephone:		Cell Number:		
Email:				
Signature:				
Make checks payable to South Florida Claims check to:	Association	and forward appl	cation & payment if by	

South Florida Claims Association Attn: Theodore Woodburn c/o MDD

2500 Weston Rd., Ste. 105 Weston, FL 33331