



International Claim Association®
LEADING THE WAY IN CLAIM EXCELLENCE

Application for Individual Membership INTERNATIONAL CLAIM ASSOCIATION

CONTACT INFORMATION PLEASE PRINT

Name _____
Designations: ALHC FLHC Others _____
Company _____
Address _____
E-mail Address _____
Daytime Phone _____ FAX _____
Website _____

PLEASE NOTE:

All applications for membership are subject to approval by the ICA Membership Committee.

I understand that individual members have no voting privileges and that individual members are not eligible to be on the Executive Committee or to be a committee chair. I agree that if accepted as a member of the International Claim Association, I will subscribe to the ICA Statement of Principles and Statement of Object and Purpose.

MEMBERSHIP DUES

Individual Membership (Annual Dues)\$800

1. If you are an employee of a company that is eligible for corporate membership you are not eligible to be an individual member.
2. Individual members must be sponsored by an employee of an ICA member company.
3. Individual must be engaged in a business or professional enterprise in which he/she regularly provides services to one or more companies or associations eligible for membership.

NAME

TITLE

SIGNATURE

SPONSOR INFORMATION

Name: _____
Member Company: _____

DESCRIPTION OF SERVICES/PRODUCTS

Please describe your Services/Products: _____

Companies you provide services for: _____

BILLING INFORMATION

Check enclosed for \$ _____ (Please make checks payable to ICA. Funds must be in U.S. currency drawn on a U.S. bank or credit cards only).

Type of Card: American Express MasterCard VISA
Credit Card Number: _____ Expiration Date: _____
NAME (PRINT OR TYPE) _____ TITLE _____
Credit Card Billing Address: _____

If billing contact differs from member, please indicate contact information below:

Name _____
Address _____
City _____ State _____ Postal Code _____
Phone _____
E-mail _____

PLEASE MAIL TO:

International Claim Association
1155 Fifteenth Street, NW, Suite 500
Washington, DC 20005

ICA Tax Identification #: 11-6062801
Tel: 202-452-0143 • www.claim.org

FAX TO:

202-530-0659