



**International Claim Association®**  
LEADING THE WAY IN CLAIM EXCELLENCE

1155 15th Street, NW, Suite 500  
Washington, DC 20005  
T: 202.452.0143  
F: 202.530.0659  
W: www.claim.org

# Individual Membership Application

PLEASE PRINT OR TYPE

## CONTACT INFORMATION

NAME \_\_\_\_\_ DESIGNATIONS:  ALHC  FLHC  OTHER \_\_\_\_\_  
TITLE \_\_\_\_\_  
FULL COMPANY NAME (if applicable) \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE (direct) \_\_\_\_\_ FAX (direct) \_\_\_\_\_  
E-MAIL \_\_\_\_\_ WEBSITE \_\_\_\_\_

## CLAIMS EXPERIENCE

Please describe your claims experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## DESCRIPTION OF SERVICES/PRODUCTS

Please describe your services/products: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Please provide names of companies you provide these services for: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## INDIVIDUAL MEMBERSHIP (ANNUAL DUES: \$600)

1. All applications for membership are subject to approval by the ICA Membership Committee.
2. Individual members will be listed in the ICA Directory by name; no company affiliation will be listed.
3. Individual members will have no voting privileges.
4. If you or your employer/company are eligible for a Corporate Membership you are not eligible for Individual Membership.
5. Individual members must be sponsored by an employee of an ICA member company.

NAME \_\_\_\_\_ COMPANY \_\_\_\_\_  
PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

*I certify that, if accepted as a member of the International Claim Association, I will adhere to the ICA Statement of Principles and Statement of Object and Purpose.*

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
NAME (PRINT OR TYPE) \_\_\_\_\_ TITLE \_\_\_\_\_  
HOW DID YOU LEARN ABOUT ICA? \_\_\_\_\_

## METHOD OF PAYMENT: CHECK CREDIT CARD: AmEx MC VISA

ACCOUNT # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_  
CARDHOLDER (PRINT) \_\_\_\_\_  
CARDHOLDER'S BILLING ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## PLEASE SUBMIT WITH APPLICATION:

A check or credit card payment for annual dues (U.S. currency) payable to "International Claim Association" and send to:

Christopher M. Murphy, *Executive Director*  
**International Claim Association**  
1155 15th Street, NW, Suite 500 • Washington, DC 20005 • Fax: 202.530.0659

INDIVIDUAL MEMBERSHIP — APPLY TODAY!