

CONTACT INFORMATION

Name _____

Designations: ALHC FLHC Others _____

Company _____

Address _____

E-mail _____

Daytime Phone _____ Fax _____

Website _____

MEMBERSHIP DUES

Group Affiliate Membership (Annual Dues).....\$2,150

1. If you are an employee of a company that is eligible for corporate membership you are not eligible to be a group affiliate member.
2. Group Affiliate Company must be engaged in a business or professional enterprise in which they regularly provide services to one or more companies or associations eligible for membership.

Please describe your Services/Products _____

List of 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)
- Credit Card: <https://claim.org/education/membership-dues/>

DESCRIPTION OF SERVICES/PRODUCTS

Please complete the relevant information below.

Please Note: All applications for membership are subject to approval by the ICA Officers.

I agree that I am authorized to act on behalf of the Company and that, if accepted as a member of the International Claim Association, the Company and its claim personnel will subscribe to the ICA Statement of Principles and Statement of Object and Purpose.

NAME

TITLE

SIGNATURE

Return Complete Application via email to **memberservices@claim.org**

Tax Identification #: 11-6062801

Phone: 202-452-0143

www.claim.org

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Suite 400 South
Washington, DC 20036