

**CONTACT INFORMATION**

Name \_\_\_\_\_

Designations:  ALHC  FLHC  Others \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Fax \_\_\_\_\_

Website \_\_\_\_\_

**MEMBERSHIP DUES**

Individual Affiliate Membership (Annual Dues).....\$1,200

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 Affiliate 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 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Sponsor \_\_\_\_\_

**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**  
 1800 M Street, NW  
 Suite 400 South  
 Washington, DC 20036