

CONTACT INFORMATION

Name _____

Designations: ALHC FLHC Others _____

Company _____

Address _____

E-mail _____

Daytime Phone _____ Fax _____

Website _____

DESCRIPTION OF SERVICES/PRODUCTS

Please complete the relevant information below.

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

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.

MEMBERSHIP DUES

Individual Group Membership (Annual Dues)..... \$2,350

1. If you are an employee of a company that is eligible for corporate membership you are not eligible to be an group affiliate member.
2. Affiliate members must be sponsored by an employee of an ICA member company.
3. Affiliate 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.

SPONSOR INFORMATION

Name _____

Please describe your Services/Products _____

Companies you provide services for: _____

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

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/>