

Claims Association of Greater Chicago

Application for Membership

MEMBERSHIP YEAR: 2011

Tell Us About Yourself:

Name _____

Title _____ Years of Industry Experience: _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

CHECK HERE IF YOU PREFER NOT TO HAVE YOUR EMAIL PUBLISHED ON THE WEBSITE

What are your areas of special interest and ability? _____

Special comment about yourself, your company (participation in industry organizations and courses, number of employees in your company, etc.) _____

Industry references:

	Name	Company	Address	Phone
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

Membership Fee

Claims Association of Greater Chicago Membership runs on a calendar year basis. Please mail your check for membership dues in the amount of ~~\$50.00~~ (\$25.00 for retired claims professionals), payable to **Claims Association of Greater Chicago**, to the address below:

Signature Date

2011 Membership
Fee: \$10.00

Please complete and return to:
Claims Association of Greater Chicago
P.O. Box 752
Downers Grove, IL 60515-0752

2011 Membership
Fee: \$10.00

FOR OFFICE USE ONLY:

Received by: _____ Date: _____

Membership Year _____ Dues Paid: YES NO

NOTES:

REV: 01/2010