

**CHARLESTON AREA CLAIMS ASSOCIATION
2020 MEMBERSHIP APPLICATION (VENDORS)**

**Send to: Charleston Area Claims Association
Attn: Membership
P.O. Box 22466
Charleston SC, 29413**

Annual Membership Fee: \$50.00 / Associate Member

_____ Check being mailed with form payable to: CACA

_____ Form sent – Paid via Venmo @Charleston-Claims

**Type of Membership: _____ Associate-Other Whose Concerns are affiliated
With Insurance Claims Such as
Engineer/Restoration/Mitigation/Attorney**

Name: _____

Company: _____

Address: _____

Phone: _____ **Fax:** _____

Email Address: _____

Position/Title: _____

Number of Years in Industry: _____

Please list any suggestions on topics for speakers below:

I WOULD BE WILLING TO SERVE ON THE FOLLOWING COMMITTEE:

_____ **Golf** _____ **Oyster Roast** _____ **Scholarship** _____ **Membership**

Signature: _____ **Date:** _____