

**CHARLESTON AREA CLAIMS ASSOCIATION
2020 MEMBERSHIP APPLICATION**

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

Annual Membership Fee: \$25.00 Member Fee

_____ Check being mailed with form payable to: CACA

_____ Form sent; Paying by Venmo: @Charleston-Claims

**Type of Membership: _____ Member Who Is Engaged in Full-Time Claims
As A Licensed Adjuster or Appraiser**

Name: _____

Company: _____

Address: _____

Phone: _____ **Fax:** _____

Email Address: _____

Position/Title: _____

Number of Years in Industry: _____

Please list up to 2 suggestions on topics for speakers below:

I WOULD BE WILLING TO SERVE ON THE FOLLOWING COMMITTEE:

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

Signature: _____ **Date:** _____