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## OKLAHOMA CLAIMS ASSOCIATION, INC. APPLICATION FOR MEMBERSHIP

NEW MEMBERSHIP       ASSOCIATE MEMBERSHIP       RENEWAL

**VOTING MEMBER:** ANY PERSON WHO IS A DEPARTMENT HEAD, AN ADJUSTER, A CLAIM REPRESENTATIVE OR INVESTIGATOR AND IS ACTIVELY ENGAGED IN DERIVING THE MAJOR SOURCE OF THEIR INCOME FROM HANDLING, ADJUSTING AND INVESTIGATION OF CLAIMS FOR INSURANCE COMPANIES, AND/OR SELF INSURORS, AND HOLD A VALID ADJUSTER'S LICENSE ARE ELIGIBLE FOR VOTING MEMBERSHIP. ANY PERSON MEETING THE ABOVE QUALIFICATIONS AND WHO HAS ONE YEAR EXPERIENCE UPON FILING OF THIS WRITTEN APPLICATION AND UPON ACCEPTANCE BY THE ASSOCIATION AND UPON PAYMENT OF DUES IN ADVANCE SHALL BE ADMITTED TO THE ASSOCIATION. ALL MEMBERS SHALL HAVE AN APPLICATION ON FILE WITH THE SECRETARY OF THE ASSOCIATION.

**ASSOCIATE MEMBER:** ANY PERSON WHO IS A MEMBER IN GOOD STANDING OF THE OKLAHOMA ASSOCIATION OF DEFENSE COUNSEL OR IS ASSOCIATED WITH THE CLAIMS PROFESSION IS ELIGIBLE TO BECOME AN ASSOCIATE MEMBER.

**INSTRUCTIONS:** PLEASE COMPLETE THIS FORM AND ATTACH A CHECK FOR **\$35.00** PAYABLE TO THE **OKLAHOMA CLAIM ASSOCIATION, INC., P.O. BOX 2247, OKC, OK 73101**. FAILURE TO PROVIDE REQUESTED INFORMATION MAY CAUSE YOUR APPLICATION TO BE REJECTED.

*PLEASE PRINT OR TYPE:*

NAME (First & Last):	
OKLAHOMA ADJUSTERS LICENSE NO.:	EXPIRATION DATE:
DOES CLAIM WORK PROVIDE YOUR MAJOR SOURCE OF INCOME?	YES NO (Circle One)
BUSINESS MAILING ADDRESS:	
EMAIL ADDRESS:	
PRESENT EMPLOYER:	BUS. PHONE.:
JOB TITLE:	BUS. FAX:
TOLL FREE PHONE:	CELL PHONE:
HOME ADDRESS:	HOME PHONE:
BIRTHDAY:	
GOLFER YES NO (Circle One)	
STAFF INDEPENDENT (Circle One)	

**FOR ASSOCIATION USE ONLY**

DUES PAID	DATE	CHECK NO.	BOARD APPROVED
MEMBERSHIP APPROVED		COMPUTER ENTRY	