



### TCAA Mission Statement

- Sharing timely & professional information
- Camaraderie with colleagues & service providers
- Keeping current regarding professional products & services
- Learning skills that enhance daily insurance service operations & delivery

## TCAA Membership Application for 2009-2010

### ANNUAL MEMBERSHIP APPLICATION

ANNUAL MEMBERSHIP DUES FOR THE YEAR STARTING

SEPTEMBER 1, 2009 TO AUGUST 31, 2010

ANNUAL DUES ARE \$25 FOR INDIVIDUAL MEMBERSHIP AND \$150 FOR CORPORATE MEMBERSHIP

Complete this application, along with your check payable to TCAA and  
mail to: TCAA, PO Box 87, Dexter, OR 97431

Please print or type information

Application is: (Check one)    Renewal \_\_\_\_\_    New \_\_\_\_\_    Change \_\_\_\_\_

Applicant is:     **Active Member** \$25 — Adjuster/Claims Person

**Associate Member** \$25 — Attorney, Private Investigator,  
Fire Origin & Cause Expert, Forensic Engineer,  
Forensic Accountant

**Corporate Member** \$150 — 10 or less Employees  
*Any insurance company, or any company/firm  
who would qualify for Active or Associate  
Membership, with up to 10 eligible employees*

**Note:** We ask that other vendors support our association by  
becoming a Vendor Partner and advertising in our newsletter

Applicant \_\_\_\_\_ Title \_\_\_\_\_  
*(For Corporate Members, please submit a list of names with this application - up to 10 employees are eligible under the Corporate Membership)*

Company \_\_\_\_\_ Type of Adjusting \_\_\_\_\_

Company Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Telephone \_\_\_\_\_ Email Address \_\_\_\_\_  
*(Certain TCAA communications will be via email)*

At what address would you prefer to receive your TCAA Newsletter?    Home    Work    Email  
(Circle one)    *Note: If you are applying for Corporate Membership, up to 10 newsletters will be mailed to the address on this application.*