



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 2010-2011

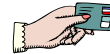
ANNUAL MEMBERSHIP APPLICATION

ANNUAL MEMBERSHIP DUES FOR THE YEAR STARTING
SEPTEMBER 1, 2010 TO AUGUST 31, 2011

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



Now accepting payment by credit card!
Please contact the TCAA Treasurer to do so.

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 — Up to 10 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

Paid by: Check Credit Card

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.*