## Richmond Claims Association 2019 Annual Membership Form

Please check all that apply:	] New Member		Y COMPLETE "Full Name" IF RE ARE NO CHANGES FROM 2018).
Today's Date	Email Address (Required) please a		ease attach a business card, if possible
Full Name: (Last, First, Initial)			
Name of Company: (Complete)		Business Telephone Number:	
Company Street Address:		Fax Number	
City:	State:	Zip:	
Mailing Address: (if different fr	om above)		
City:	State:	Zip	
Designations:			
		embers Section	
Membership Referral (For Ne	ew Members On	ly) – Referring Me	mber's Signature and Company:
Applicant			
Member Sponsor			
	membership, I a	gree to be governe	p in the Richmond Claims d by the By-Laws of said Association ed two meetings within the last six
Signature:			Date:
Please issue payment to RCA (Richmond Claims A and forward payment to: Gregg A. Barkley, ARM C/o Claims Service Corporation of America 901 Moorefield Park Dr., Ste. 110 Richmond, Virginia 23236 Office: 804-562-9812 Visit our website: www.richmondclaims.com		Association)	For Membership Committee Use Only    Date Form Received: