

# Richmond Claims Association 2010 Annual Membership Form

Please check all that apply:  New Member  Renewal from last year  
*((Please print or type))*

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Email Address (*Required*) please 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 from above*)

\_\_\_\_\_  
City:

\_\_\_\_\_  
State:

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Designations:

## New Members Section

**Membership Referral (For New Members Only) – Referring Member's Signature and Company:**

\_\_\_\_\_  
**Vendor Sponsor**

**I, the undersigned, respectfully make application for membership in the Richmond Claims Association. If accepted for membership, I agree to be governed by the By-Laws of said Association and enclosed herewith the annual dues of \$25.00. I have attended two meetings within the last six months.**

\_\_\_\_\_  
**Signature:**

\_\_\_\_\_  
**Date:**

*Please send application and payment to:*

Debbie F. Davis  
C/o Virginia Farm Bureau Mutual Insurance Companies  
P.O. Box 27552  
Richmond, Virginia 23261  
**Fax: (804)-290-1292 Please direct to attention of Debbie Davis  
(Send hard copy with payment)**  
Office: 804-290-1475

Visit our website: [www.richmondclaims.com](http://www.richmondclaims.com)

### For Membership Committee Use Only

Date Form Received: \_\_\_\_\_

Check #: \_\_\_\_\_

Amount Received: \_\_\_\_\_

Received by: \_\_\_\_\_