

Richmond Claims Association 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:

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:

New Members Section

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

Applicant _____

Member Sponsor _____

Please send application and payment to:

Greg Chadwick
C/o Virginia Farm Bureau Mutual Insurance Companies
P.O. Box 27552
Richmond, Virginia 23261
Office: 804-290-1239

Visit our website: www.richmondclaims.com

For Membership Committee Use Only

Date Form Received: _____

Check #: _____

Amount Received: _____

Received by: _____