Richmond Claims Association
2018 Annual Membership Form

Please check all that apply: ☐ **New Member** ☐ **Renewal from last year (please only complete if your contact information has changed from last year).**

((Please print or type)

_____ _____

Today's Date Email Address (*Required*) please attach a business card, if possible

_____

Full Name: (L*ast, 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:

Applicant_____

Member 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 issue payment to RCA (Richmond Claims Association) and forwa

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*

For Membership Committee Use Only

Date Form Received:_____

Check #: _____

Amount Received: _____

Received by: _____