

**HOUSTON CLAIMS ASSOCIATION**  
**P. O. Box 472, Alief, TX 77411-0472**  
**(281) 933-4028**

**APPLICATION FOR MEMBERSHIP**

(Please Type or Print)

**ANNUAL DUES \$35.00**

NAME \_\_\_\_\_

EMPLOYER \_\_\_\_\_

POSITION \_\_\_\_\_

PREFERRED MAILING ADDRESS \_\_\_\_\_

PHONE: OFFICE \_\_\_\_\_ FAX \_\_\_\_\_ HOME \_\_\_\_\_

ADJUSTER'S LICENSE NUMBER \_\_\_\_\_ TYPE LICENSE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

I understand that providing an email address and my signature below will comply with the "opt in" segment of the CAN-SPAM Act of 2003 and I will receive the HCA newsletter by email.

**TYPES OF CLAIMS HANDLED**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**NAME THREE (3) BUSINESS REFERENCES (at least one must be a present member of the Association)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I agree that the above information is all true and correct, that I am a licensed adjuster and am employed by an insurance company, insurance agency, independent adjusting firm, or self-insurer, realizing any facts falsely given could mean rejection of the application for membership in the HOUSTON CLAIMS ASSOCIATION.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**FOR EXECUTIVE COMMITTEE USE ONLY**

Date Approved: \_\_\_\_\_

Rejected/Reason: \_\_\_\_\_