



PO Box 534, Columbus, OH 43216-0534

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YEAR 2012 MEMBERSHIP RENEWAL FORM
Dues must be recieved by December 30, 2011

Dear Member:

It is time to renew your membership with the Columbus Claims Association. Please complete the form and return to:

Membership Committee
Columbus Claims Association
P.O. Box 534
Columbus, Ohio 43216-0534

ARTICLE II, SECTION 6 OF THE CONSTITUTION AND BY-LAWS STATES:

Failure to pay annual dues by the established date will automatically terminate membership. Past members may join the Association by paying the annual dues in addition to the initiation fees.

ARTICLE III STATES:

Active Member:

"Any investigator, adjustor, claims supervisor, claims trainer, or attorney in the employ of an insurance company or any other person devoting the majority of his or her time to the defense or handling of claims for insurance companies or any person similarly employed for claims handling by an organization or corporation ..."

Associate Member

"Any individual who performs tasks allied with the servicing of insurance claims ..."

Lifetime Member

"... past presidents, appointed by the President and approved by the Executive Committee ..."

Honorary Member:

"... appointed by the President and approved by the Executive Committee ..."

PLEASE NOTE THAT ALL MEMBERS, INCLUDING LIFETIME, HONORARY MEMBERS, AND PAST PRESIDENTS, MUST RETURN THIS FORM. FAILURE TO DO SO MAY MEAN THE MEMBER WILL NOT BE LISTED IN THE DIRECTORY OR RECEIVE A DIRECTORY.

NAME _____

FIRM _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE () _____ E-MAIL (Optional) _____

MEMBERSHIP COST:	ACTIVE	\$35.00
	ASSOCIATE	\$45.00
	LIFETIME/HONORARY/ PAST PRESIDENTS	NO CHARGE