

HRCA APPLICATION FOR MEMBERSHIP 2008

I hereby apply for membership in the Hampton Roads Claims Association and the Virginia State Claims Association.

Full Name \_\_\_\_\_

Home Address \_\_\_\_\_

Employed by \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_

Fax \_\_\_\_\_

Job Title \_\_\_\_\_

Years Experience in Claims \_\_\_\_\_

Email Address \_\_\_\_\_

Please circle below those areas in which you are willing to assist the Association.

Entertainment	Membership	Scholarship
Legislative	Program	Directory
Refreshments	Grievance	Nominations
Sponsors	Bylaws	Education
Publicity	Community Service	

This application must be submitted with the \$25.00 Membership Fee (checks should be made payable to HRCA)