



Louisiana Claims Association

MEMBERSHIP APPLICATION

2017

MISSION STATEMENT: As the premier claims association in Louisiana, the Louisiana Claims Association is dedicated to promoting the highest ethical and professional claims handling standards in the insurance industry through leadership in education, member/chapter coordination and support.

To join Louisiana Claims Association, simply complete the following contact information and mail this form with your dues to: Louisiana Claims Association, P O Box 14806, Baton Rouge, LA 70898.

NAME:	COMPANY:
ADDRESS:	CITY/STATE/ZIP:
PHONE:	FAX:

EMAIL

State Membership Package: Membership in LCA includes: Continuing education opportunities at the Annual Convention, providing opportunities to earn CE credits in multiple states; discount registration fees to attend the annual convention, newsletters to keep you up-to-date on current events in the industry.

Local Chapter Membership Package: State Resident members must join both the state and at least one Local Chapter Memberships. Membership in a Local Chapter includes opportunities to network with your peers at scheduled events throughout the year in a city near you. Local events can include luncheons, socials, golf tournaments, etc.

Base membership includes state membership(s) only. If you wish to include a local chapter membership, make your selection from the list below, however, you must first join the state.

- | | |
|-----------------------------------------------------------------|----------------|
| <input checked="" type="checkbox"/> State Resident Dues | \$50.00 |
| <u>Local Chapter Dues</u> | |
| <input type="checkbox"/> Baton Rouge Claims Association | \$15.00 |
| <input type="checkbox"/> Central Louisiana Claims Association | \$15.00 |
| <input type="checkbox"/> New Orleans Claims Association | \$35.00 |
| <input type="checkbox"/> Northwest Louisiana Claims Association | \$10.00 |
| <input type="checkbox"/> Southwest Claims Association | \$15.00 |
| <input type="checkbox"/> North Shore Claims Association | \$25.00 |
| <input type="checkbox"/> Non-State Resident Dues | \$50.00 |

Enclosed is my check payable to Louisiana Claims Association for \$_____.

Credit Card Type: MC Visa American Express

Credit Card Number: _____ Exp. Date: _____ CVV: _____

Name on Card: _____

Card Billing Address: _____ Card Billing Zipcode: _____