

ACCOUNTING  
Pd by cash\_\_\_ check no. \_\_\_\_\_  
Date\_\_\_\_\_

**NEW MEMBERSHIP APPLICATION / RENEWAL**  
**ORLANDO CLAIMS ASSOCIATION**  
**2012**

PLEASE CHECK ONE  \$25.00 Dues – Licensed and working as Adjusters

Adjuster License No: \_\_\_\_\_

\$55.00 Dues – Associate Member/Other

*Please print legibly*

**NAME:** \_\_\_\_\_

**Home Address:**

\_\_\_\_\_  
Street

\_\_\_\_\_  
City and Zip

**Home Phone:**

\_\_\_\_\_  
**Birth date: (Month/Day)** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Work Address:**

\_\_\_\_\_  
Street

\_\_\_\_\_  
City and Zip

**Work Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**E-Mail** \_\_\_\_\_

**MAIL TO HOME**  **BUSINESS**

**PREVIOUS ORLANDO CLAIMS ASSOCIATION MEMBERSHIP:** \_\_\_\_\_

**PREVIOUS OTHER CLAIMS ASSOCIATION MEMBERSHIP:** \_\_\_\_\_

**PRESENT JOB POSITION TITLE:** \_\_\_\_\_

I understand that approval of this application for membership is subject to all the membership requirements of the constitution and by-laws of the Association and the approval of the membership.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

**Mail check and application to:**  
**Sandra Perkins**  
**Attn: OCA**  
**12104 Randall Woods Drive**  
**Midland, GA 31820**