

**ASSOCIATE MEMBERSHIP APPLICATION / RENEWAL  
ORLANDO CLAIMS ASSOCIATION**

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**\$60.00 Dues – Associate Member only**

*Dues are for the calendar year, January thru December  
with no proration*

***Please print legibly***

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

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

**Work/Mailing Address:**

\_\_\_\_\_

\_\_\_\_\_

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

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

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

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

**MAKE CHECK PAYABLE TO ORLANDO CLAIMS ASSOC.**

Mail check and application to:

Sandra Perkins

Attn: OCA

12104 Randall Woods Drive

Midland, GA 31820