



# Louisiana Claims Association

## MEMBERSHIP APPLICATION

# 2009

**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.

<b>NAME</b>	<b>COMPANY</b>
<b>ADDRESS</b>	<b>CITY/STATE/ZIP</b>
<b>PHONE</b>	<b>FAX</b>
<b>EMAIL</b>	<b>Indicate your Specialty:</b> <input type="checkbox"/> WC <input type="checkbox"/> Property <input type="checkbox"/> Casualty <input type="checkbox"/> Other

**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:** LCA members may add one or more 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. These events may include luncheons/dinners with industry speakers, golf tournaments, and socials. Local dues must be added to your state dues.

**Base membership include state membership(s) only. Should you wish to include a local chapter membership, we encourage you to make your selection below.**

- |   |         |          |
|---|---------|----------|
| <input type="checkbox"/> State Dues                             | \$15.00 | \$15.00  |
| <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"/> Lake Charles Claims Association        | \$15.00 |          |
| <input type="checkbox"/> New Orleans Claims Association         | \$35.00 |          |
| <input type="checkbox"/> Northwest Louisiana Claims Association | \$15.00 |          |
| <input type="checkbox"/> Southwest Claims Association           | \$15.00 |          |
| Total Dues  |         | \$ _____ |

I certify that I am principally engaged in or retired from activities that assist or promote the handling of claims or who provide services in support of the handling of claims in the insurance industry.  
Signature \_\_\_\_\_

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

Credit Card Type:  MC  Visa  American Express

Credit Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card Billing Address \_\_\_\_\_ Card Billing Zipcode \_\_\_\_\_