

Houston Claims Association
2017 MEMBERSHIP RENEWAL FORM

Houston Claims Association, Inc.
P. O. Box 472
Alief, Texas 77411-0472
(281) 933-4028

ANNUAL FEE \$50.00

Name _____

Employer _____

Position _____

Type of claims handled _____

Preferred mailing address, if different from current mailing address

Phone: Office _____ Fax _____ Cell _____

Adjuster's License Number _____ License Type _____

E-mail Address _____

I understand that providing an email address and my signature below will comply with the "opt in" segment of the CAN-SPAM Act of 2003 and I will receive the HCA newsletter by email.

Signed _____ Date _____

FOR EXECUTIVE COMMITTEE USE ONLY

Date Approved: _____

Rejected/Reason: _____
