

# 2018 MEMBERSHIP RENEWAL FORM

**Houston Claims Association, Inc.**

**P. O. Box 472**

**Alief, Texas 77411-0472**

**(281) 933-4028**

**ANNUAL FEE \$60.00 (Cash or Check)**

**62.50 On-Line**

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 \_\_\_\_\_

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## FOR EXECUTIVE COMMITTEE USE ONLY

Date Approved: \_\_\_\_\_

Rejected/Reason: \_\_\_\_\_

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**HOUSTON CLAIMS ASSOCIATION, INC.**