

**Houston Claims Association**  
**2020 MEMBERSHIP RENEWAL FORM**

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

**ANNUAL FEE \$60.00 (Cash/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: \_\_\_\_\_

\_\_\_\_\_