



# Society of Claim Law Associates

170 Mt. Airy Road \* P.O. Box 82 \* Basking Ridge \* NJ 07920  
(908)766-5920 \* Fax (908)766-9710 \* sclasociety.org

## YEARLY MEMBERSHIP APPLICATION

*Please Print Clearly*

Name \_\_\_\_\_ AEI Designation(s) \_\_\_\_\_

Student ID # (if available) \_\_\_\_\_ Company \_\_\_\_\_

Title/Position \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Which of the following types of insurance claims do you adjust (if applicable)?

### Personal Lines

- Auto
- Home Owner
- Yacht & Boat Owner

### Professional

- Med-Mal
- E&O
- D&O
- SIU

### Commercial Lines

- Auto
- Property
- Liability
- Inland Marine
- Ocean Marine
- Workers' Comp/EL
- Reinsurance
- Life/Health/Disability

### **Annual Dues \$60.00 / Payment Options: Check or Credit Card:**

**Check:** Payable to SCLA in the amount of \$60 and mail with this completed application to: SCLA \* P.O. Box 82 \* Basking Ridge, NJ 07920-0082

**Credit Card:** Please provide completed form by mail to address above, fax to (908)766-9710 or email to SCLA@aeiclaimslaw.com

### **Credit Card Payment**

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

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Credit Card:  American Express  Master Card  Visa

Credit Card Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Amount Authorized \$ \_\_\_\_\_

Signature \_\_\_\_\_

*Thank you for your membership. A receipt will be mailed to you shortly.*