



Society of Claim Law Associates

170 Mt. Airy Road • P.O. Box 82
Basking Ridge • NJ 07920-0082
(908) 766-5920 • Fax (908) 766-9710
www.sclasociety.org

MEMBERSHIP APPLICATION

Please Print Clearly

Name _____ AEI Designation _____

AEI Student # (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?

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' Compensation/EL
- Reinsurance
- Life/Health/Disability

Annual Dues \$60.00

Payment Options

Check: Make 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

By Credit Card: Please provide the following information and FAX to (908) 766-9710
Credit Card Payment

Card Holder's Name _____

Company Name _____

Credit Card American Express Master Card Visa

Credit Card Account Number _____

Expiration Date _____ Amount Authorized \$ _____

Signature _____

- Your SCLA member dues must be paid to be eligible for the reduced SCLA Conference fee -