



Society of Claim Law Associates

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(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 \$70.00 / Payment Options: Check or Credit Card:

Check: Payable to SCLA in the amount of \$70 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.