PSAA Membership Application for 2024 - 2025

PSAA Mission Statement

Puget Sound Adjusters Association is a professional organization dedicated to the ongoing education of the claims community — providing an arena for member interaction and the sharing of knowledge and resources.

- ☑ Share timely & professional information
- ☑ Camaraderie with colleagues & service providers
- ☑ Keep current regarding professional products & services
- ☑ Learn skills that enhance daily service operations & delivery

ANNUAL MEMBERSHIP APPLICATION

ANNUAL MEMBERSHIP DUES FOR THE YEAR STARTING SEPTEMBER 1, 2024 TO AUGUST 31, 2025

DUES ARE $75 FOR THE YEAR.*

Submit this application and pay with check or pay online with credit card.
Mail to: PSAA, 2409 78th Ave W, Tacoma, WA 98466 or scan and email to lizzy.adkins@us.crawco.com

Please print or type information

Application is: (Check one) **Renewal** _____ **New** _____ **Change** _____ **Referred by** _____

Applicant is:

☐ **ACTIVE Member** $75
Carrier Claims Personnel (claims adjusters, managers, supervisors, underwriters, subrogation, etc.), Risk Managers, Self-Insured & Insurance Pool personnel, Independent Adjusters, TPAs, Agents, Brokers

☐ **Associate Member** $100
Attorney

☐ **Vendor Partner** Advertise in Newsletter
Contractor, IME, Car Rental, Restoration, Engineering, etc. See ad rate form for fees

☐ **Corporate Members** (6 or more employees from one office) **$300 (per office)**
To qualify for this rate, persons must be eligible for ACTIVE membership and there must be at least 6 applicants located within the same office.

☐ **Honorary Member** NO DUES — PSAA, SCAA and TCAA Past Presidents

Paid by: ☐ Check ☐ Credit Card **Amount Enclosed: $**_____

Applicant Name_____ **Job Title**_____
(For Corporate Members, please list names and email addresses below)

Company_____ **Discipline:** ☐ **Property** ☐ **Casualty** ☐ **Auto** ☐ **Work Comp** ☐ **Other**

Company Address_____ **City**_____ **State**_____ **Zip**_____

Home Address_____ **City**_____ **State**_____ **Zip**_____

Work Phone_____ **Cell Phone**_____

Email Address_____
The PSAA Monthly Newsletter and other association correspondence will be sent via email.

***Claims Personnel who pay dues receive free attendance at ALL PSAA functions and events, including monthly meetings, parties and the annual symposium.**

Corporate Members:

Name:	Email:
Name:	Email:
Name:	Email:
Name:	Email:
Name:	Email:
Name:	Email: