

PSAA Membership Application for 2019-2020



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, 2019 TO AUGUST 31, 2020

DUES ARE \$50 FOR THE YEAR.*

Submit this application and pay with check or pay online with credit card.

Mail to: PSAA, PO Box 87, Dexter, OR 97431 or scan and email to info@pugetsoundadjusters.org

Please print or type information

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

- Applicant is:
- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><input type="checkbox"/> ACTIVE Member \$50*
 Carrier Claims Personnel (claims adjusters, managers, supervisors, underwriters, subrogation, etc.), Risk Managers, Self-Insured & Insurance Pool personnel, Independent Adjusters, TPAs, Agents, Brokers</p> <p><input type="checkbox"/> Corporate Members (6 or more employees from one office) \$30 per person
 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.</p> <p><input type="checkbox"/> Honorary Member NO DUES — PSAA, SCAA and TCAA Past Presidents</p> | <p><input type="checkbox"/> Associate Member \$50
 Attorney</p> <p><input type="checkbox"/> Vendor Partner Advertise in Newsletter
 Contractor, IME, Car Rental, Restoration, Engineering, etc. <u>See ad rate form for fees</u></p> |
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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 and annual symposium.**

Corporate Members:

Name: _____	Email: _____
Name: _____	Email: _____
Name: _____	Email: _____
Name: _____	Email: _____
Name: _____	Email: _____
Name: _____	Email: _____