

# PSAA Membership Application for 2022-2023



## 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, 2022 to August 31, 2023**

**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](mailto:info@pugetsoundadjusters.org)

Please print or type information

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

- Applicant is:
- |   |  |
|---|--|
| <input type="checkbox"/> <b>ACTIVE Member \$50*</b><br><b>Carrier Claims Personnel</b> (claims adjusters, managers, supervisors, underwriters, subrogation, etc.), Risk Managers, Self-Insured & Insurance Pool personnel, Independent Adjusters, TPAs, Agents, Brokers | <input type="checkbox"/> <b>Associate Member \$50</b><br>Attorney<br><br><input type="checkbox"/> <b>Vendor Partner</b> Advertise in Newsletter Contractor, IME, Car Rental, Restoration, Engineering, etc. <u>See ad rate form for fees</u> |
|---|--|
- 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.
- 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 and annual symposium.**

### Corporate Members:

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