



Formerly known as the Seattle & Tacoma Claims Adjusters Associations

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 insurance service operations & delivery

PSAA Membership Application for 2011-2012

ANNUAL MEMBERSHIP APPLICATION

ANNUAL MEMBERSHIP DUES FOR THE YEAR STARTING SEPTEMBER 1, 2011 TO AUGUST 31, 2012

RENEW EARLY! DUES GO UP \$5 ON NOVEMBER 1, 2011

Complete this application, along with your check payable to PSAA and mail to: PSAA, PO Box 87, Dexter, OR 97431

Please print or type information

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

Applicant is: **Active Member** \$25 — Adjuster/Claims Person **Associate Member** \$25 — Attorney, Private Investigator, Fire Origin & Cause Expert, Forensic Engineer, Forensic Accountant

Note: Most Industry Vendors DO NOT qualify for membership

Corporate Members (5 or more employees from one office) \$20 per person
To qualify for this rate, persons must be eligible for Active or Associate membership and there must be at least 5 applicants located within the same office.

Honorary Member No dues — PSAA Past President who is Retired (or prior SCAA/TCAA Past Presidents)

Paid by: Check PayPal **Amount Enclosed:** \$ _____

Applicant Name _____ **Job Title** _____
(For Corporate Members, please submit a list of at least five (5) names with this application)

Company _____ **Type of Adjusting** _____

Company Address _____ **City** _____ **State** _____ **Zip** _____

Home Address _____ **City** _____ **State** _____ **Zip** _____

Work Telephone _____ **Email Address** _____
(Certain PSAA communications will be via email)

At what address would you prefer to receive your PSAA Newsletter? **Home** **Work**
(Circle one) *Note: If you are applying for Corporate Membership, all newsletters will be mailed to the company address.*