



# Society of Claim Law Associates

170 Mt. Airy Road • P.O. Box 82  
Basking Ridge • NJ 07920-0082  
(908) 766-5920 • Fax (908) 766-9710  
www.sclasociety.org

## MEMBERSHIP APPLICATION

*Please Print Clearly*

Name \_\_\_\_\_ AEI Designation \_\_\_\_\_

AEI Student # (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?

### 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' Compensation/EL
- Reinsurance
- Life/Health/Disability

**Annual Dues \$60.00**

### Payment Options

**Check:** Make check payable to SCLA in the amount of \$60 and mail with this completed application to: SCLA • P.O. Box 82 • Basking Ridge, NJ 07920-0082

**By Credit Card:** Please provide the following information and FAX to (908) 766-9710  
Credit Card Payment

Card Holder's Name \_\_\_\_\_

Company Name \_\_\_\_\_

Credit Card  American Express  Master Card  Visa

Credit Card Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Amount Authorized \$ \_\_\_\_\_

Signature \_\_\_\_\_

- Your SCLA member dues must be paid to be eligible for the reduced SCLA Conference fee -