



## Associate Membership - Application & Renewal

**Associate Membership** includes those individuals who support the claims handling process such as private investigators, reconstruction experts, medical professionals, various marketing professionals, and other vendors. Membership is \$55.00 per calendar year.

**Please select: Application** \_\_\_\_\_ **Renewal** \_\_\_\_\_

**Please select: Liability** \_\_\_\_\_ **Workers' Compensation** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Line of Business:** \_\_\_\_\_

**Title/Occupation:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Thank you for being a valued member of ACA!**

To apply or renew by mail, please send your completed form along with your check to:

➤ Atlanta Claims Association | PO Box 468103 | Dunwoody, GA 31146-8103

You may also apply and pay online at: [AtlantaClaims.com/Membership](http://AtlantaClaims.com/Membership). If you have any questions or need further assistance, email us at: [admin@atlantaclaimsassociation.com](mailto:admin@atlantaclaimsassociation.com)