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## **Membership Form**

***2019 - 2020***

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

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

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Telephone: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:

Memberships:

FULL\_\_\_\_\_\_\_\_\_PARTNER\_\_\_\_\_\_\_

Full/Paid Membership for the 2019-2020 season is $400.00. Full Membership includes attendance for 2 people from your company/firm at our Fall and Spring claims conference. (golf outing not included) You may also bring additional company/firm members for an additional $50.00 person. Invited insurance company claims people from your company/firm can attend for free

As a Partner you are signifying that you work for an insurance company as either an adjuster, examiner, claims supervisor, manager or executive. You are entitled the claims conferences for FREE, and will be on our mailing list for future conferences and events

Please remit this form along with your check made payable to **Boston Association of Claims Executives** to:

CMCI

1145 W. Chestnut Street, second floor

Brockton, MA 02301

Attn: Jon Prouty

If you have any questions or concerns, please do not hesitate to contact us. Thank you for your support!