



Association of
**Property & Casualty
Claims Professionals**

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Tampa, FL 33647
(800) 820-4550
Fax: (813) 632-9377
<http://www.pcclaimpros.org>
FEIN 59-3470922

Membership Application

Thank you for your interest in the **Association of Property & Casualty Claims Professionals**. Select the appropriate membership, provide all of the requested information, and mail or fax to the above address.

_____ **Adjuster or Nurse Case Manager**
1 - 9 Memberships \$49.00 each/year
*10 or more Memberships \$44.00 each/year
**Only when all memberships are paid at one time.*

Please write legibly.

Name: _____ License #: _____
(Exactly as it appears on your license)

Preferred Mailing Address: _____

City: _____ State: _____ Zip: _____

Employer: _____ Position: _____

Bus Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: _____ Ext: _____ Fax: _____

*Email Address (please include): Business _____ 2nd Email _____

*(*As a service to our members, PCCP will email special announcements, newsletters, notice of employment or career opportunities, case law updates, and other important information. Please include personal and/or business email address.)*

Payment must accompany application. Please choose from one of the following options:

_____ **Check** (please mail with application to the above address) (NSF Checks will be charged a \$35.00 fee.)

_____ **Credit Card (Visa, MC, AmEx, Discover)** (please complete the Credit Card Authorization below and fax or mail with application to the above address or fax number)

Charge Card Authorization

Name (As it appears on your card): _____

Billing Address for Card: _____
Street or P.O. Box City State Zip

Credit Card #: _____ Exp Date: _____ Security Code: _____

Signature: _____ Date: _____

**Email: _____

*(**For credit card charges, email address is mandatory. You'll receive an email receipt immediately upon processing**)*