



Association of

# Property & Casualty Claims Professionals

P.O. Box 48707  
Tampa, FL 33647  
(800) 820-4550 ♦ Fax: (813) 632-9377  
Website: [www.pcclaimpros.org](http://www.pcclaimpros.org)  
Email: [info@pcclaimpros.org](mailto:info@pcclaimpros.org)

## Service Partner Membership Application

*Thank you* for your interest in the **Association of Property & Casualty Claims Professionals**. A PCCP Service Partner Membership is a corporate membership for vendor companies who provide services to the insurance claims industry. Examples include, but are not limited to, law firms, investigation and surveillance companies, restoration companies, accident reconstruction and engineering firms, consulting firms, and others.

Only one Service Partner (corporate) membership is required per company. This membership covers all sales/marketing employees with your company.

Join now by mailing your application with your check, or fax it and charge your membership by completing the credit card information below. Please complete all of the requested information.

### Membership

(Corporate Membership Dues - \$295.00/year)

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

Representative Name: \_\_\_\_\_  
(or if more than one rep, Master Account holder)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Marketing Contact Email Address: \_\_\_\_\_ Website URL: \_\_\_\_\_

Sub-Account holders: (Use separate sheet if necessary):

1. \_\_\_\_\_ Email Address: \_\_\_\_\_

2. \_\_\_\_\_ Email Address: \_\_\_\_\_

*Note: Payment is due with application, or at time of renewal, so please include check or money order. Make checks payable to "PCCP" and mail to P.O. Box 48707, Tampa, FL 33647. To pay by credit card (Visa, MC, AmEx, Discover) complete the charge card authorization below and fax to (813) 632-9377. (There will be a \$35.00 charge for NSF checks)*

### Charge Card Authorization

Card Name (exactly 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 Address** \_\_\_\_\_

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