

SOUTH JERSEY CLAIMS ASSOCIATION

**P.O. Box 2037
Cinnaminson, NJ 08077
info@sjclaims.org**

2019 – 2020 Membership Application

Annual Membership Dues **(September 2019 through May 2020)**

- Membership Dues waived for the 2019-2020 season, for the following Insurance Professionals ~
Insurance Company employees, TPA employees, Agents & Brokers
*although dues are waived, the Membership Application must still be completed!
- \$80.00 – All other South Jersey Claims Association Insurance Professionals

Applicant Name	
Employer / Company Name and Occupation or Job Title	
Business Address	
Business Phone Number	
Home Address	
Home / Cell Phone Number	
Primary Email Address	
Would you like to become more involved in the SJCA? {I.E.: Committee Member, Future Officer, etc.}	Yes or No {Circle Preference}