

Utah Claims Adjusters Association Membership Application

Name: _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Employer: _____

Employer's Address: _____

City: _____ **State:** _____ **Zip:** _____

Length of employment with present employer: _____

Length of time in the industry: _____

3 Business professional References:

Name

Contact Info

Check One: Adjuster Attorney Vender
 Renewal New Member

If my application is accepted I agree to abide by the constitution and by-laws of the Utah claims Adjusters Association.

Signature: _____

Date: _____

Return this application with a check for \$20.00 made payable to:

**Utah Claims Adjuster Association
PO BOX 371
Sandy, UT 84091-0371**