

NATPCA MEMBERSHIP APPLICATION

Please complete the application and send a check for the appropriate amount made out to NATPCA.

NAME: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____

INDUSTRY:

_____ Claim Administrator Representative \$295.00
_____ Benefits Administrator Representative \$295.00

CORPORATE:

Industry members can have a corporate membership for their company. For every ten people per location, the membership is a total of \$425.00. **Please attach a list of names and their email addresses with payment.** \$425.00

VENDOR:

_____ Adjusting / Appraiser Company
_____ Defense Attorney
_____ Insurance Claims Support \$325.00

SIGNED: _____ DATE: _____

NATPCA is a not-for-profit association 2/07

National Association of Third Party Claim Administrators

PO Box 45254 | Omaha, NE 68145-0254 | T 402-894-2485 | F 402-894-2482

WWW.NATPCA.ORG