



# Membership Application

**To apply for a CJCA Membership, complete the following and return to CJCA at:**

**160 Lawr-Penn Rd, Ste 16-102  
Lawrenceville, NJ 08648  
Attn: CJCA Membership  
Department**

The Central Jersey Claims Association ("CJCA") is an organization of insurance claims professionals dedicated to the pursuit of professionalism in the insurance industry through education, networking, and industry alliance. CJCA members represent all types and lines of insurance throughout the state of New Jersey. The CJCA Membership program was designed to welcome and recognize those businesses interested in partnering with CJCA.

**To be eligible for the CJCA Membership program, your company must either:**

- Be involved in the risk management or insurance industry ("Level One member") or
- Provide a product or a service related to the insurance industry ("Level Two member")

**A Level One membership is open only to individuals who handle or supervise insurance claims as an employee of an insurance company or third party administrator.**

- Member price of \$30.00 for attendance at monthly dinner meetings (annual savings of \$90)

**Membership to Level One is an annual fee of \$40.00**

**A Level Two membership is open only to individuals who provide a product and/or service to insurance companies or third party administrators in the administration of insurance claims.**

- Listed as a CJCA Affiliate on our website
- Membership roster for the current year
- Includes the cost of two memberships for company. (Additional memberships for same company will be at the Level One member rate of \$40.00)
- Member price of \$30.00 for attendance at monthly dinner meetings (annual savings of \$90)
- Invitation to participate in CJCA's annual Vendor Night, which will be exclusive to CJCA's Affiliate Members only

**Membership to Level Two is an annual fee of \$125.00**

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

Corporate Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Position: \_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Company description: \_\_\_\_\_

Web site address: \_\_\_\_\_

I would like to apply for CJCA Membership :

Level 1 for \$40.00 annual fee

Level 2 for \$125.00 annual fee

additional name on Level 2 membership: \_\_\_\_\_

I have enclosed check number \_\_\_\_\_.

I have paid in cash amount of \_\_\_\_\_.