



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")

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

Level Two membership is open only to individuals who provide a product and/or service to insurance companies or third party administrators to 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 \$150.00

Contact Name: _____

Position: _____

Corporate Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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 \$150.00 annual fee

additional name on Level 2 membership: _____

I have enclosed check number _____.

I have paid in cash amount of _____.