

**THOUSAND ISLAND INSURANCE ADJUSTERS ASSOCIATION
2011/2012**

**ASSOCIATE MEMBERSHIP APPLICATION
(ONE YEAR MEMBERSHIP \$40.00 "SEPTEMBER 1, 2011-AUGUST 31, 2012")
HELP SUPPORT YOUR LOCAL CHAPTER BY COMPLETING
THE APPLICATION BELOW
PLEASE FORWARD YOUR CHEQUE IN THE AMOUNT OF \$40.00
TO THE THOUSAND ISLAND INSURANCE ADJUSTERS ASSOCIATION
ALONG WITH THE COMPLETED APPLICATION FORM**

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NAME _____

NAME OF COMPANY _____

MAILING ADDRESS _____

BUSINESS PHONE _____
BUSINESS FAX _____

EMAIL ADDRESS _____

O.I.A.A. MEMBERS NUMBER _____

PLEASE LIST OTHER CHAPTERS YOU ARE AN ACCOCIATE MEMBER OF: _____

NEW MEMBER _____ **YES** _____ **NO** _____

**IF YOU ARE ALREADY A MEMBER OF THE ONTARIO INSURANCE ADJUSTERS ASSOCIATION
OR THE T.I.I.A.A., PLEASE COMPLETE THIS FORM WHICH WILL ENABLE THE T.I.I.A.A.
EXECUTIVE TO DETERMINE IF YOUR MEMBERSHIP DUES ARE BEING CREDITED TO OUR
CHAPTER OR NOT. THANK YOU.**

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PLEASE FORWARD APPLICATIONS TO:

**Kerri Amey
Claimspro
1225 Gardiners Road, Unit 103
Kingston, ON, K7P 0G3
Kerri.Amey@scm.ca**

THANK YOU FOR YOUR SUPPORT