

Mobile Claims Association

Membership Application

2023-2024

Date: _____ New Member: _____ Renewal: _____

Company Name: _____

Name: _____

Title _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

Recommended by: _____

Please check the boxes below

I allow the MCA to post my information on our website

☐ Company ☐ Name ☐ Email ☐ Telephone ☐ Address

We would be interested in participating with.

Speakers: _____

Christmas Party: _____

Golf Tournament: _____

Door Prizes: _____

Summer BBQ: _____

Cruise Sponsor: _____

Bowling Night _____

Other _____

Dues are payable on the 1st day of September, dues not paid by the first day of November will be dropped from the membership of the Association. **Dues are \$50 per person per year.**

Current members receive vital information that keeps you informed with the association.

Make checks payable to: Mobile Claims Association

Mail to: P.O. Box 161357, Mobile, AL 36616

[Click here to pay online via PayPal](#)



For more information please visit
www.MobileClaimsAssociation.com