



**New England**  
Organized 1927  
**Claim Association**

**2009 – 2010 Annual Membership Form**

NECA Tax ID # 30-0162479

Please check all that apply:  New Member  Renewal From Last Year

(Please print or type)

Today's Date:		E-mail Address (Required): Please include a business card, if possible.	
Full name (Last, First, Initial):			
Name of Company (Complete):		Business Telephone Number:	
Company Street Address:		Fax Number:	
City:	State:	Zip:	Internal Mail Code:
Mailing Address (if different):			
City:	State:	Zip:	Internal Mail Code:
Your Title:	Designations:		
	<input type="checkbox"/> CLU <input type="checkbox"/> ACS	<input type="checkbox"/> FLMI <input type="checkbox"/> HIAA	<input type="checkbox"/> ALHC <input type="checkbox"/> OTHER: <input type="checkbox"/> FLHC
Your area of Specialty:			
<input type="checkbox"/> Individual Life	<input type="checkbox"/> Rehabilitation	<input type="checkbox"/> Medical/Dental	<input type="checkbox"/> Special Investigations
<input type="checkbox"/> Waiver of Premium	<input type="checkbox"/> Group Life	<input type="checkbox"/> Investigation	<input type="checkbox"/> Annuities
<input type="checkbox"/> Disability Income	<input type="checkbox"/> Field Services	<input type="checkbox"/> LTD	<input type="checkbox"/> Law
<input type="checkbox"/> Long Term Care	<input type="checkbox"/> Other		
Membership Referral (For New Members Only) - Referring Member's Name & Company:			
<p><b>I, the undersigned, respectfully make application for membership in the New England Claim Association, Inc. If accepted for membership, I agree to be governed by the Constitution and by-laws of said Association and enclosed herewith the annual dues of \$35.00.</b></p> <input type="checkbox"/> Paid by Individual <input type="checkbox"/> Paid by Company			
Signature:			

Please send application and payment to:

**Michelle Chase**  
**36 Blackstone Street**  
**Sutton, MA 01590**  
**1-877-201-9373 x5726**

**Fax: (508) 853-2757 Please direct to the attention of Shelly Chase**  
**(please send hard copy with payment)**

**For Executive Committee Use Only**

Date Form Received: \_\_\_\_\_  
Check #: \_\_\_\_\_  
Amount Received: \_\_\_\_\_  
Received by: \_\_\_\_\_

Visit our website: [www.neclaimassociation.org](http://www.neclaimassociation.org)