



**MEMBERSHIP APPLICATION
SOUTHEASTERN CLAIM EXECUTIVES ASSOCIATION**

SECTION I For Company whose Home Office or Executive Office is not located in one of the Southeastern States, but which is licensed to write insurance in one or more of the Southeastern States:

- a) We, _____, a duly chartered property and/or casualty insurance company in the State of _____, hereby apply for membership in the Southeastern Claim Executives Association. Our duly appointed representative to SCEA whose area of responsibility includes jurisdiction over claims operations in the Southeastern states is: _____
or
- b) We, _____, a duly chartered property and/or casualty insurance company in the State of _____, have a voting membership in SCEA and our duly appointed representative is _____. We hereby apply for a membership in SCEA for the following claims executive whose area of responsibility includes jurisdiction over our claims operation in the Southeastern States.

Name _____ Title _____

Street or P.O. Box _____

City _____ State _____ ZIP _____

Phone _____ Email _____

Background: _____

Enclose \$100.00 Initiation Fee (2012). _____
Annual Dues \$200 year (2012) _____ (s) Applicant (Individual)

To apply for membership, print and complete this form, enclose payment, and mail to:

Dennis Gowen, Treasurer, SCEA
250 Von Huenfeld Street
Massapequa Park, N.Y. 11762