



**MEMBERSHIP APPLICATION  
SOUTHEASTERN CLAIM EXECUTIVES ASSOCIATION**

SECTION I For Company whose Home Office or Executive Office is located in one of the Southeastern States:

- a) We, \_\_\_\_\_, a duly chartered property and/or casualty insurance company in the State of \_\_\_\_\_, 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 Representative)

-----  
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