



San Francisco Industrial Claims Association Membership Application

Company Name:	
Contact:	Telephone:
Nature of Business:	Fax:
Email Address:	
Mailing Address:	
City:	

- ☐ I am renewing my membership ☐ I am a new member
☐ I am not renewing my membership, but please continue to send me notices of classes and events.

Membership Type

- ☐ **Regular Membership** Limited to Insurance Companies, Self-Insured Employers, Adjusting Agencies, Defense Law Firms, and Investigating Firms. The designated voting member shall be employed by the regular member company as a claims manager, assistant claims manager, claims supervisor, defense attorney, or manager devoting a majority amount of the time to workers' compensation claims.
- ☐ **Associate Membership** May be granted to corporations, partnerships and self-employed individuals whose activities involve a substantial connection with the field of workers' compensation. This membership shall include, but not be limited to physicians, related medical practitioners, and rehabilitation personnel.

Names of Employees for Mailing List:

- ☐ I would like to work on the education committee.

Amount Enclosed \$ _____.

Please make checks payable to Industrial Claims Association of San Francisco.

Please allow 4 to 6 weeks for membership processing. Each Applicant or Associate membership must enclose a check for \$300.00. Fifty dollars of this amount is the initiation fee and \$250.00 goes to the first annual dues.

Please mail your completed membership application and check to:

Industrial Claims Association of San Francisco
1517 North Point #486
San Francisco, CA 94123

Signature _____ Date _____

For more information call 510-893-4111 x250 or visit our ICA website at <http://sfica.tripod.com>