

## **Kansas Claims Association**

Coming to your rescue from all over Kansas

Active membership in the Kansas Claims Association, Inc., is available to any individual actively engaged as a claims representative, adjuster, investigator or appraiser for insurance companies and/or self insurers, and derives more than 50% of their income from such activities. A membership application must be filled out and submitted to the Membership Committee with the first year's dues of \$25.00. Applications can be obtained through any member of the association, by contacting Mr. Bill Woolbright at the address below or by downloading this application. The Association encourages individuals that meet these criteria to join.

Complete the following information and mail with a check in the amount of \$25.00 (initial dues) to the following address. Applications will be processed as soon as they are received.

KANSAS CLAIMS ASSOCIATION  
4525 Pawnee Drive  
Berryton, Kansas 66409-9236

All applicants must complete this section.

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Phone: \_\_\_\_\_

Employees of Insurance Companies, Self-Insurers & Ind. Adj. Co.  
complete this section.

Name of Employer: \_\_\_\_\_

Position held: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Other Applicants complete this section.

State the connections you have with Insurance Co., Self-Insurers, etc. that  
might qualify you for membership in the association.

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