

# WESTERN LOSS ASSOCIATION

## INSURANCE COMPANY MEMBERSHIP APPLICATION

**PURPOSE:** To secure greater efficiency in the adjustment of property losses through education and training.

For  
**New Membership**  
Or  
**Renewal Membership**  
**Insurance Company Employee**  
**(Membership is FREE)**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

PROFESSIONAL DESIGNATIONS: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY STATE ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

SECONDARY E-MAIL: \_\_\_\_\_

Please complete form, NO DUES ARE REQUIRED, and mail to:

WESTERN LOSS ASSOCIATION  
9 MIRTA CIRCLE  
LEMONT, IL 60439