

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 e-mail to Barry Parks at barry@hauschco.com