

# 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](mailto:barry@hauschco.com)