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### 2024 TCCA Membership Form

The Twin Cities Claims Association is a partnership among many in the insurance industry. We plan monthly speakers on various insurance related topics, along with our annual golf event in the summer and our fall seminar/party.

If you would like to become a member and be on our email list, please complete and mail this form with your annual membership dues. Checks should be made payable to **Twin Cities Claims Association** and mailed to: **TCCA, PO BOX 39454, EDINA, MN 55439-0454**. Our tax identification number is: 41-1449765. We are a non-profit organization. We appreciate your continued support and participation.

**Membership fees for 2024 are \$75.00 for a single membership, \$200 for a law firm or company with less than 25 employees and \$300 for a law firm or company with more than 25 employees.**

Please list your main contact/Marketing Directors information and up to four people at your company who wish to receive the monthly meeting notices and their email addresses. Please print clearly so emails can be sent properly. Anyone from your firm can attend any and all events after membership dues have been returned.

**Please fill out this form and return your membership dues by no later than 03/15/2024**

Name of Company/Individual/Law Firm: \_\_\_\_\_

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

Main Phone Number: \_\_\_\_\_

Main Contact or Marketing Director: Name \_\_\_\_\_

Email \_\_\_\_\_

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

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

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

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

If you have any questions, please feel free to reach out to [info@tccamn.com](mailto:info@tccamn.com). Thank you!