

Utica Claims Association
Over 50 years of Education & Excellence

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APPLICATION FOR MEMBERSHIP

Name: _____

Company name: _____

Home address: _____

email: _____

phone #: _____ dob: _____

Please indicate how you prefer to receive your meeting notices.

Notice preference: e-mail _____ mail (paper notice) _____

If no preference is noted and you provide an e-mail address, your notices will be sent to you via e-mail.

\$25 membership fee required with application. Please send all completed applications and membership fees to Adam Spooner 786 Bert White Rd Edmeston NY 13335.