



Southern
California
Association of
Insurance
Appraisers

There has never been a better time to join SCAIA - where member benefits and networking opportunities await you!

MEMBERSHIP APPLICATION

Name: _____
FIRST MI LAST

Preferred E-mail Address: _____ Birth Date: ____/____/____

Employer: _____ Title: _____

HOME ADDRESS

WORK ADDRESS

HOME ADDRESS

WORK ADDRESS

CITY STATE ZIP

CITY STATE ZIP

(____) _____ - _____ (____) _____ - _____
PHONE FAX

(____) _____ - _____ (____) _____ - _____
PHONE FAX

Please send my SCAIA correspondence and newsletter to: Home -or- Work

PREMIERE — \$25

- ❖ The SCAIA Newsletter
- ❖ Admission to all SCAIA networking events and presentations
- ❖ Discounts on training and continuing education programs.

PLUS+ — \$4800

- ❖ All the benefits of a PREMIERE membership
- ❖ Complete 3-month, intensive, hands-on training course ideal for new members who wish to pursue a career as an auto damage appraiser.

Visa MasterCard Discover Check Payment Dues Amount \$ _____

Credit Card #: _____ Exp. Date: ____/____/____
MM YY

Cardholder's Name: _____ Signature: _____

I hereby certify that the information herein is complete and accurate.

Applicant Signature Date

Please return application to: SCAIA, 2035 4th Street #206C, Santa Monica, CA 90405 or Fax to: (310) 220-6653