

Southern Loss Association

P.O. Box 421564
Atlanta, GA 30342

APPLICATION FOR MEMBERSHIP

NAME: _____ PHONE: _____

ADDRESS: _____

EMPLOYER: _____ PHONE: _____

ADDRESS: _____ FAX: _____

E-MAIL ADDRESS: _____

POSITION: _____

JOB DESCRIPTION: _____

How does job relate to insurance industry? _____

Mail Correspondence to: Home Office

APPLICANT'S
SIGNATURE: _____ DATE: _____

SPONSOR'S SIGNATURE: _____ DATE: _____

SPONSOR'S PHONE: _____

Why is sponsor recommending applicant for membership?

APPROVED BY EXECUTIVE COMMITTEE:

BY: _____ DATE: _____
President

Please remit \$45.00 payable to Southern Loss Association to the above address, which includes \$15.00 Initial Application Fee and \$30.00 Annual Dues. (2-24-05)