



## philadelphia loss conference

### MEMBERSHIP APPLICATION

Please remit your membership fee for the  
September 1, 2011 through July 31, 2012 membership year.

***Reminder: Although our dinner meetings are free for Company Adjusters, we ask that they still become members of our organization.***

(Please Print or Type)

New Membership  Renewal Membership

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home # (     ) \_\_\_\_\_ Work # (     ) \_\_\_\_\_

Employer \_\_\_\_\_

Position \_\_\_\_\_ Years Employed \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail Address \_\_\_\_\_

*I hereby submit this application for membership along with my check for \$25.00 made payable to THE PHILADELPHIA LOSS CONFERENCE. If my application is approved and a membership is granted, I agree to abide by the Constitution and By-Laws as approved and amended by the vote of the majority of the membership.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Send Application & fees to our Membership Chair:

**Sheila O'Donnell, Esq.**

15 East Ridge Pike, Suite 570

Conshohocken, PA 19428

610.940.4092 x202

[sodonnell@wright-odonnell.com](mailto:sodonnell@wright-odonnell.com)