**2021/2022**

**MEMBERSHIP INVOICE**

**CALIFORNIA ASSOCIATION OF**

**INDEPENDENT INSURANCE ADJUSTERS**

**DUE DATE: 6/30/21**

Please complete this form and return it to with payment by check or credit card. ***Checks should be payable to CAIIA.*** If your contact information has *changed* in the last year, please also be sure to complete and remit the attached Directory Information Sheet as well. Remit to:

**CAIIA**

**C/O Barrett Claims Service**

**PO Box 282**

**Ukiah, CA 95482**

phil@barrettclaims.com or 707-313-1343

**MAIN OFFICE** (includes one owner/partner/officer) Fee $325.00

## **BRANCH OFFICES** (number listed X $125.00) Fee

*All California offices must be included, and will be listed in the directory. Out of state offices are optional.*

**TOTAL DUES** $

**FOR YOUR CONVENIENCE PAY ONLINE :**

*[Click here for payment via all major credit cards](https://www.caiia.com/PayPal/)*

*[PayPal account not required](https://www.caiia.com/PayPal/)*



This association is yours and can exist and function only through your dues and active participation. Your cancelled check and this invoice serve as your receipt. If you have any questions regarding dues, call Phil Barrett at (707) 462-5647 or email phil@barrettclaims.com .

**Directory information sheets (for branch offices), should be returned with your dues.**

**In case we have any questions regarding your renewal as submitted, please provide contact name and phone number:**

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| --- | --- |
| **Name:** |  |
| **Phone Number:** |  |
| **E-mail Address:** |  |

THANK YOU FOR CONTINUING YOUR MEMBERSHIP AND HELPING TO MAINTAIN THE ORGANIZATION THAT MAINTAINS THE INDEPENDENT ADJUSTING PROFESSION!