



Columbia Claims Association
P.O. Box 525 / Irmo, SC 29063-0525
Fax: 803-748-2321

2016 Association Officers:

PRESIDENT: **Tom Cattell**
Seibels Claims Solutions
803-748-2321
Tom.Cattell@Seibels.com

VICE PRESIDENT: **Tom Parker, Branch Manager**
Custard Insurance Adjusters
803-739-1816
TParker@Custard.com

TREASURER: **Barbara Berry**
Seibels Claims Solutions
803-748-2140

JANUARY 2016 NEWSLETTER

The Columbia Claims Association meetings are the 3rd Tuesday of each month

The **Columbia Claims Association** wishes to congratulate our 2016 officers:

- President: Tom Cattell
- Vice President: Tom Parker
- Treasurer: Barbara Berry

Please come greet them at our January meeting!

JANUARY MEETING

Please join us for the association's business meeting for all adjuster and associate members. Besides discussing our coming year and activities, we will host South Carolina Claims Association representatives who will review the State's goals, website, advertising and opportunities.

Where: **Grecian Gardens**
2312 Sunset Blvd
W. Columbia, SC 29169

When: Tuesday, January 19, 2016
Social: 6:00 PM / **Dinner:** 6:30 PM

Past meeting...



The Columbia Claims Assoc. awarded Bryant McGowan the 2015 *Adjuster of the Year* plaque and also presented him with the Past President plaque. THANK YOU Bryant!



The Columbia Claims Assoc. gave a \$3,000 charity check to Nicole Miller from Sistercare of Columbia from the proceeds of the Columbia Claims Assoc. Golf Tournament, held in June 2015 at Blythewood's Crickentree.



Associates, door prizes are welcomed!

JANUARY MEMBERSHIP NEWS:

It is time to renew your annual membership!

Please support the association with the prompt return of your renewal form and dues.

2016 COLUMBIA CLAIMS ASSOCIATION
CURRENT MEMBER RENEWAL FORM
OR NEW MEMBER APPLICATION



NEW <input type="checkbox"/>	YEARS AS MEMBER? _____
RENEWAL <input type="checkbox"/>	YEARS AS ASSOCIATE? _____
RETIRED <input type="checkbox"/> (No fee required)	YEAR RETIRED? _____
ENCLOSED IS:	
<input type="checkbox"/> \$20	ADJUSTER ANNUAL MEMBERSHIP DUES ENCLOSED
<input type="checkbox"/> \$75	ASSOCIATE ANNUAL MEMBERSHIP DUES ENCLOSED
NOTE: \$20 Monthly dinner meetings	

NAME: _____ **BIRTHDAY** (MM/DD) _____

COMPANY: _____

COMPANY MAILING ADDRESS _____

POSITION / TITLE: _____

EMAIL ADDRESS: _____

PHONE #: _____ **FAX #:** _____

OBTAINED SC DOI LICENSE? YES NO **YEAR:** _____

IF NEW MEMBER APPLICATION, WHO REFERRED YOU TO THE ASSOCIATION? _____

Method of Payment: Cash Check Credit Card (We now accept Credit Cards online)
<http://www.southcarolinaclaimsassociation.com/membership-application>

QUESTIONS? Please contact BARBARA BERRY, Treasurer, at Barbara.Berry@Seibels.com

SIGNATURE: _____ **DATE:** _____

This form must be completed and returned with payment to remain active and receive directory.

Mail Checks To: Columbia Claims Association
P.O. Box 525
Irmo, SC 29063-0525

Email Forms or Questions to: Tom.Cattell@Seibels.com & Barbara.Berry@Seibels.com
Fax: 803-748-2321