



Coalition Against Insurance Fraud

1012 14th Street., NW,
Suite 200
Washington, D.C. 2005
202.393.7330
202.517.9139 fax

www.InsuranceFraud.

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Matthew J. Smith
Executive Director

A national coalition of consumers, government

Membership Application

- Law Firm Member -

Name of firm _____

Primary contact _____

Title _____

Address _____

City _____ State _____ Zip _____

Phone _____

Fax _____

e-mail _____

List other office locations: _____

Description of your firm's insurance services anti-fraud representation:

Description of your firm's consumer services anti-fraud representation:

Other anti-fraud organizations of which your firm is a member:

My firm wishes to join the Coalition Against Insurance Fraud as a law firm member. We agree to abide by the Coalition's bylaws and pledge to remain a member in good standing and understand this is a 5-year commitment at \$5,000 per year.

Signature

Date

Send completed and signed application by mail to the address above, by e-mail to matthew@insurancefraud.org or by fax to 202-517-9139.

Do not send payment with this application; an invoice will be sent.