



VENDOR FORM

Annual fee \$20.00 Term runs January 1st to December 31st of each year. Your company logo will be placed on our VENDOR page at <http://www.sdclaimsassociation.com/>. Viewers will be able to click on your logo and be taken directly to your website for further information.

____ New Vendor (Referred by: _____)

____ Renewal Term

Name _____

Business _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Website to link to _____

MAIL FORM AND PAYMENT TO:

SD Claims Association

PO Box 91645

Sioux Falls, SD 57109

EMAIL LOGO TO: sdclaimsassociation@gmail.com

OUR MISSION: The South Dakota Claims Association is dedicated to the betterment of insurance claims professionals in South Dakota and the surrounding area through shared industry knowledge and contacts, a strong commitment to integrity and respect, and enjoyable networking activities.