



COUNTY LOSS CONTROL COORDINATORS ASSOCIATION

CLCCA 2026 DUES & MEMBERSHIP

PROFESSIONAL MEMBER (VOTING MEMBER - ONE PER COUNTY)

NAME _____
COUNTY _____
TITLE _____
ADDRESS _____
CITY _____ ZIP CODE 9-Digit _____
PHONE _____ CELL _____
FAX _____ E-MAIL _____

CLCCA professional membership: This membership is limited to the person responsible for loss control and/or safety for their county. Membership is specific to the County, not the person. Can be transferred.

One Professional membership per county _____ 1 @\$125.00

ASSOCIATE MEMBER (DOES NOT VOTE - NO LIMIT PER COUNTY)

NAME _____
COUNTY _____
TITLE _____
ADDRESS _____
CITY _____ ZIP CODE 9-Digit _____
PHONE _____ CELL _____
FAX _____ E-MAIL _____

County Government associate membership: This membership is designated for any employee of county government. Counties must have one professional membership prior to adding an associate membership. Membership is specific to the County, not the person. Can be transferred.

Associate member(s) per county _____ 1 @\$60.00

TOTAL AMOUNT payable _____

Payment must be received by March 1, 2026

MAKE CHECK PAYABLE TO: COUNTY LOSS CONTROL COORDINATORS ASSOCIATION
Federal ID# 47-3042590

MAIL CHECK TO:

Erin McVay, Secretary/Treasurer
c/o Belmont County
101 West Main Street
St.Clairsville, Ohio 43950

***DO YOU HAVE A LOCAL AGENT, VENDOR OR BUSINESS ASSOCIATE THAT SUPPORTS YOUR RISK MANAGEMENT PROGRAM? ENCOURAGE THEM TO JOIN CLCCA AS A SPONSORING OR BUSINESS ASSOCIATE MEMBER.**

FORMS ARE ONLINE at www.clcca.com