



Membership Claim Form

Attorney Fee

Executive Offices
PO Box 54799
Oklahoma City, OK 73154
800/654-9208
405/848-1711

Member Name _____
Address, City, State, Zip _____
Member # _____ Phone _() _____ Date of claimed Expense _____
Email Address _____

CLAIMS SUBMISSION Information

Claims must be sent to the club within one year of the date on which a membership service has been rendered to the member by a service provider. It must include a properly completed claim form detailing the nature of the service, and must be accompanied by the **original** itemized receipt for the service performed by an identifiable service facility.

Attorney Fee Reimbursement

Moving Traffic Violation

Citation Date _____ Citation # _____

Charge Defended Against _____

Attorney Defense Fee _____

Enclose a copy of the citation and the original, itemized receipt from the Attorney including Legal Services performed.

Auto Damage Amount of Attorney Fee _____

Personal Injury Amount of Attorney Fee _____

Enclose the original, itemized receipt from the Attorney including Legal Services performed.



DID YOUEnclose the original itemized receipt from your Attorney and the traffic citation (if applicable)?

I hereby certify that the information provided is, to the best of my knowledge, both complete and accurate.

I agree that Travelers Motor Club, Inc. may make use of materials and related items as to its handling of my claim for promotional purposes. YES NO

Signature _____ Date _____