



## CLAIMSCENE MEMBER SPOTLIGHT QUESTIONNAIRE

### **Contact Information**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### **ACA Involvement**

Date of ACA Membership: \_\_\_\_\_

ACA Involvement: (board member, committee chair & committees, events attended, etc.) \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

### **Work History**

Title/Occupation: \_\_\_\_\_

State Licensed: \_\_\_\_\_

Field of Expertise: \_\_\_\_\_

Designations: \_\_\_\_\_

### **Personal**

Marital Status: \_\_\_\_\_

Children: \_\_\_\_\_

Hobbies: \_\_\_\_\_

College: \_\_\_\_\_

Degree: \_\_\_\_\_

**What would you like to share with ACA Members?**

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**If you could have lunch with a famous person, present or past, who would it be and why?**

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