

NEW YORK PUBLIC ADJUSTERS ASSOCIATION INC.
APPLICATION FOR MEMBERSHIP

ASSOCIATE MEMBERSHIP

Date _____

I (We) hereby make application for membership in the NEW YORK PUBLIC ADJUSTERS ASSOCIATION, INC. and hereby furnish the following information:

Name: _____ Firm Name _____

Address: _____

City _____ State _____ Zip _____

Business Phone _____ Fax _____

email _____ Cell _____

Other Principals _____

What business are you engaged in? _____

How long have you been in business _____

Membership in Other Business or Professional Organizations _____

Have you ever been convicted of a crime? _____ If yes, please state type and date of plea or conviction(s). _____

Has any license you hold ever been suspended, revoked or refused? If yes, please set forth details (excluding driver's license). _____

Have you or another member or principal of your company submitted a prior application for membership to this Association? _____

If yes, when and under what name? _____

If admitted, do you agree to abide by the Constitution and By-Laws, Resolutions, Rules and Regulations adopted and sanctioned, by this Organization? _____

Referring Member _____

DATE

SIGNATURE OF APPLICANT