

NEW YORK PUBLIC ADJUSTERS ASSOCIATION INC.
APPLICATION FOR FULL 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 _____

Date of Birth _____

Social Sec. No.: (last 4 digits) _____

Years Licensed _____ Years as Public Adjuster _____

No. of Members in Firm _____ (Individual, Partnership, Corp.) _____

Names of Members in Firm _____ Names of Adjusters Employed _____

(Partners or Officer) (Persons licensed as adjusters

Include Social Security Number but not a partner or officer)

Membership in Other Business or _____
Professional Organizations _____

Are you now engaged in any other business? _____ If yes. please state what _____

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

Has your license ever been suspended, revoked or refused? If yes, please set forth details _____

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

If admitted, do you wish to be billed annually or quarterly for the membership dues? ANNUALLY QUARTERLY

N.Y. State Public Adjusters License # _____

How did you hear of the Association? _____
Sponsoring Member, if any _____

DATE

SIGNATURE OF APPLICANT