



American Association of Public Insurance Adjusters

1050 Connecticut Ave NW, 10th Floor, Washington, DC 20036

(202) 640-2014 - 202-403-3806 Fax

www.aapia.org

AAPIA MEMBERSHIP APPLICATION

Individual Membership

2 Part Application

Name: _____

Firm name: _____

Business Address: _____

Suite# or Floor: _____

City: _____ State: _____ Zip Code: _____

Resident Address: _____

City: _____ State: _____ Zip Code: _____

Business phone: (_____) _____ - _____ Fax: (_____) _____ - _____

Mobile phone: (_____) _____ - _____

Email: _____ Website: _____

Professional Background:

Number of years you have been in Public Adjusting Profession: _____

Number of members in your Firm: _____

States you are currently licensed:

- | | | | | |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> AL | <input type="checkbox"/> HI | <input type="checkbox"/> MI | <input type="checkbox"/> NC | <input type="checkbox"/> UT |
| <input type="checkbox"/> AK | <input type="checkbox"/> ID | <input type="checkbox"/> MN | <input type="checkbox"/> ND | <input type="checkbox"/> VT |
| <input type="checkbox"/> AZ | <input type="checkbox"/> IL | <input type="checkbox"/> MS | <input type="checkbox"/> OH | <input type="checkbox"/> VA |
| <input type="checkbox"/> AR | <input type="checkbox"/> IN | <input type="checkbox"/> MO | <input type="checkbox"/> OK | <input type="checkbox"/> WA |
| <input type="checkbox"/> CA | <input type="checkbox"/> IA | <input type="checkbox"/> MT | <input type="checkbox"/> OR | <input type="checkbox"/> WV |
| <input type="checkbox"/> CO | <input type="checkbox"/> KS | <input type="checkbox"/> NE | <input type="checkbox"/> PA | <input type="checkbox"/> WI |
| <input type="checkbox"/> CT | <input type="checkbox"/> KY | <input type="checkbox"/> NV | <input type="checkbox"/> RI | <input type="checkbox"/> WY |
| <input type="checkbox"/> DE | <input type="checkbox"/> LA | <input type="checkbox"/> NH | <input type="checkbox"/> SC | |
| <input type="checkbox"/> DC | <input type="checkbox"/> ME | <input type="checkbox"/> NJ | <input type="checkbox"/> SD | |
| <input type="checkbox"/> FL | <input type="checkbox"/> MD | <input type="checkbox"/> NM | <input type="checkbox"/> TN | |
| <input type="checkbox"/> GA | <input type="checkbox"/> MA | <input type="checkbox"/> NY | <input type="checkbox"/> TX | |

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Individual Membership Application
Part 2 of 2

By submitting this application, I acknowledge that I have or will read and agree on www.aapia.org to abide by the AAPIA Rules of professional conduct and ethics, adopted and sanctioned, from time to time, by AAPIA.

Sign here

Print name

_____/_____/_____
Date

Check One:

Annual dues for an individual are **250.00** for individuals **not affiliated** with a member firm of AAPIA

Annual dues are **\$75.00** for individuals **affiliated** with a member firm of AAPIA

Dues may be paid by:

Authorization Agreement

I hereby authorize **AAPIA** to charge my credit card account as outlined above and auto renew for annual dues.

Please auto renew my membership.

Visa MasterCard American Express Check

Credit Card Number Expiration CV#
[][][][] - [][][][] - [][][][] - [][][][] [][] - [][] [][][][]

Card member name: _____

Signature: _____

I do not give my permission to auto renew