

NEW JERSEY PUBLIC ADJUSTERS ASSOCIATION INC.
APPLICATION FOR MEMBERSHIP
ASSOCIATE MEMBERSHIP

I (We) hereby make application for membership in the NEW JERSEY PUBLIC ADJUSTERS ASSOCIATION, INC. and hereby furnish the following information: (Please print or type)

Name: _____ Firm Name: _____

Address: _____

City: _____ State: _____ Zip _____

Business Phone: _____ Fax: _____

E-mail _____ Cell: _____

Names of Partners or Officers and Title

1. _____
2. _____
3. _____

Years in Current Business _____

Type of Business _____

Do you hold a professional license? If so, include by what Department and license number

Membership in Other Professional Organizations _____

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

Are you affiliated in any way with a public adjuster or public adjusting firm? If so, state with whom and the nature of the affiliation. _____

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 (in any State)? 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? _____

Who referred you to the Association? _____

Date

SIGNATURE OF APPLICANT