

NEW JERSEY PUBLIC ADJUSTERS ASSOCIATION INC.  
APPLICATION FOR 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: \_\_\_\_\_

Years you are Licensed as a Public Adjuster \_\_\_\_\_

Years Your Firm Licensed as Public Adjuster \_\_\_\_\_ No. of Licensed Adjusters in Firm \_\_\_\_\_

Names of Partners or Officers and Title

Names of Persons licensed as Adjusters  
(but not a Partner or Officer)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Your Membership in Other Professional Organizations \_\_\_\_\_

Other States you are currently Licensed \_\_\_\_\_

Other States your firm is currently Licensed \_\_\_\_\_

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 (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? \_\_\_\_\_

If admitted, do you wish to be billed annually or quarterly for the membership dues? (Please Circle)

ANNUALLY

QUARTERLY

N.J. State Public Adjusters License # \_\_\_\_\_

Who referred you to the Association? \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
SIGNATURE OF APPLICANT