



National Association of Public Insurance Adjusters

Affiliate Membership Application

*Indicates required field. Enter information below.

*Name _____

*Company _____

*Address _____ *City _____ *State _____ *Zip Code _____

*Phone _____ Fax _____ Toll Free/Alt Number _____

*Email _____ Company Email _____

Web Address _____

Why do you want to become a member of NAPIA? _____

There are three membership categories for Affiliate Members. Select the appropriate member type below.

\$795 **Attorney/Professional** members are individuals such as attorneys, accountants, engineers and other professionals who work in the first party property insurance industry.

\$1,590 **Vendor/Supplier Firm** members are firms that provide products and/or services to public adjusters and other professionals who serve in the first party property insurance industry.

\$795 **Association/Non-Profit** members are tax exempt organizations such as state and national associations, consumer and plaintiff advocacy groups, and others involved in the first party property insurance industry.

Payment Information

Total Amount Enclosed/Charged: \$ _____ Check Enclosed Visa MC AMEX
Make checks payable to : NAPIA 1400 Village Square Blvd. Suite 3 #187 Tallahassee, FL 32312

Card Number _____ Expiration Date _____ Security Code on Card _____

Billing Address/City/State/Zip _____

Name on Card _____ Card Holder Signature _____

The undersigned applicant agrees to read and abide by the NAPIA Constitution and By-Laws, and the NAPIA Rules of Professional Conduct and Ethics adopted and sanctioned, from time to time, by this organization.

* I agree that all information listed on this application is true and accurate.

Signature _____ Date _____

Applicant was referred by: _____

Return application and two professional references to: NAPIA
1400 Village Square Blvd.
Suite 3 #187
Tallahassee, FL 32312

Phone: (703)433-9217 Email: info@napia.com