



**THE ASSOCIATION OF AVERAGE ADJUSTERS
OF THE UNITED STATES AND CANADA**

APPLICATION FOR MEMBERSHIP or CHANGE OF MEMBERSHIP CATEGORY

Full name of Candidate: _____

Company Name: _____

Business Address: _____

Office Telephone: _____ Office Fax _____

E-Mail Address: _____

Occupation and Title: _____

Category of Membership Applied For:

____ Resident Associate Member (*consult Association By-Laws Article III, Sect. 3*)

____ Foreign Associate Member (*consult Association By-Laws Article III, Sect. 4*)

____ Marine Hull Claims Professional (*consult Association By-Laws Article III, Sect. 2*)

____ Full Member (*consult Association By-Laws Article III, Sect. 1*)

The complete By-Laws may be accessed on the Association's website: www.averageadjustersusca.org

Category of Membership Presently Held (if any) _____ From (date) _____

I undertake that if elected, I shall conform to the By-Laws and Rules of Practice of the Association (required for applicants for Marine Hull Professional and Full Membership).

Signature of Candidate: _____ Date: _____

DECLARATION AS TO PRACTICE OR SERVICE

(Required for applicants for Marine Hull Professional and Full Membership)

I hereby affirm that I, _____ have been working as an adjuster or underwriter's claims examiner/adjuster or in a position meeting the criteria set forth in By-Laws Article III Section 3 for a period of _____.

Candidate Signature: _____ Date: _____

NOMINATION BY FULL MEMBERS

(Required for all Categories of Membership)

Signature of Full Member Nominating: _____ Date: _____

Name of Full Member Nominating: _____

Signature of Full Member Seconding: _____ Date: _____

Name of Full Member Seconding: _____