

**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 Applying For:

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

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

\_\_\_ Subject Specialist Member (*consult Association By-Laws Article III, Sect. 3*)

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

*The complete By-Laws may be accessed on the Association's website: <http://www.averageadjustersusca.org/about/by-laws>*

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 Junior, Marine Hull Professional, and Full Membership)

Signature of Candidate: \_\_\_\_\_ Date: \_\_\_\_\_

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**DECLARATION AS TO PRACTICE OR SERVICE**

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

I hereby affirm that \_\_\_\_\_ has been working as an adjuster or underwriter's claims examiner/adjuster mentored by me for a period of \_\_\_\_\_.

Signature of Full Member Affirming: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Full Member affirming: \_\_\_\_\_

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**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: \_\_\_\_\_

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