



CAPIA
26500 AGOURA ROAD
SUITE # 507
CALABASAS, CA. 91302

EMAIL: info@capiainc.com

Application For Affiliate Membership California Association of Public Insurance Adjusters

Affiliate Member: Any individual, partnership, or corporation not engaged to any extent in the profession of public insurance adjusting shall be eligible for Affiliate Membership. The Annual Dues for Affiliate Membership is \$500.00.

This category of membership shall include attorneys, vendors, contractors, suppliers of goods and services or any other person or entity servicing the profession of public insurance adjusting. No Affiliate Member shall participate in the business meetings of the Association or vote on Association matters. Membership includes no rights or privileges other than to acknowledge the good works of the Association and a desire to support the professionalism and integrity of the industry.

Affiliate Members will be provided with a complete mailing list of CAPIA members to be used in the promotion and solicitation of their business. The list is the property of CAPIA and may not be distributed without permission of the Association. Affiliate Members may also use the slogan "*Affiliate Member of CAPIA*" along with the CAPIA logo in advertisements approved by the board of directors of CAPIA. Affiliate Members shall also be entitled to attend all CAPIA functions at the member rate.

ANSWER ALL ITEMS FULLY ON PAGES 2 & 3

The applicant understands and agrees that the submission of an application for membership in CAPIA by e-mail or facsimile shall be considered and will constitute a signed application. There shall be no requirement for a signed original if the applicant prefers to and does submit an application by e-mail or facsimile.



Name of Official Representative: _____

Name of Alternate Representative: _____

Firm name: _____

Business Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Fax Number: _____

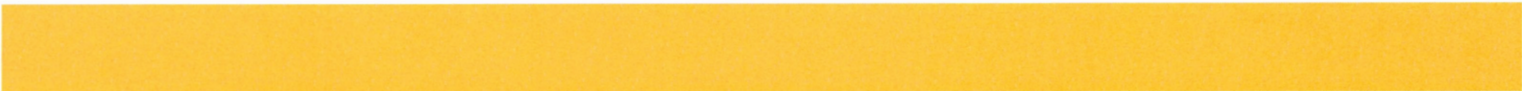
E-mail: _____

Web Site URL: http:// _____

Your position & the significant specialty(ies) of your products and/or services to the public adjusting profession:

List business or professional organizations of which you or your firm is a member:

1. _____
2. _____
3. _____
4. _____





Have you or your firm ever been reprimanded or disciplined by any Insurance Department or other government agency? If answer is yes, furnish full particulars.

Yes

No

Recommended By: _____

Signature of Applicant

Date

Make checks payable to CAPIA and mail Application and Check in the attached envelope to : **CAPIA – 26500 Agoura Road – Suite #507 – Calabasas, CA. 91302**

