



Association Supporter Application

*Indicates required field.

*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 CAPIA Association Supporter? _____

Referred by: _____

The applicant agrees that all information provided is true and accurate.

Signature _____ Date _____

ANNUAL DUES

\$750 for each professional, vendor or supplier of goods and services to CAPIA Public Adjuster members

Total Amount Enclosed/Charged: \$ _____ ☐ Check Enclosed ☐ Visa ☐ MC ☐ AMEX
(Make check payable to CAPIA, P.O. Box 29870, Los Angeles, CA 90029)

Card Number	Expiration Date	Security Code on Card
Billing Address/City/State/Zip		
Name on Card	Cardholder Signature	Date

CAPIA
P.O. Box 29870
Los Angeles, CA 90029
info@capiainc.com
www.capiainc.com