



# 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

\$500 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 \_\_\_\_\_

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