



# CALIFORNIA ASSOCIATION OF PUBLIC INSURANCE ADJUSTERS

## 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.

**\*\*\*Comes with a free exhibitor table at a meeting of your choosing for the each year**

CAPIA  
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