

**M. A. P. I. A. MEMBERSHIP APPLICATION - ASSOCIATE**

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

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

**COMPANY NAME:** \_\_\_\_\_

**WORK PHONE:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

**FAX:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**PREVIOUS WORK HISTORY (PAST 10 YEARS)**

<b><u>Employer</u></b>	<b><u>Occupation</u></b>
_____	_____
_____	_____

<b><u>Professional References (List 3)</u></b>	<b><u>Phone Number</u></b>
_____	_____
_____	_____
_____	_____

**NUMBER OF INDIVIDUALS FROM YOUR FIRM EXPECTED TO ATTEND MAPIA**

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

**I attest that my company I are in good standing with the jurisdictions in which we conduct business, and agree to follow and obey the Association's rules and bylaws.**

\_\_\_\_\_  
**Signature** **Date**

*Fax completed form to Kelli Clark at 215-953-8274 or email to [kelli@karasekandclark.com](mailto:kelli@karasekandclark.com)*

**M. A. P. I. A. MEMBERSHIP APPLICATION – PUBLIC ADJUSTER**

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

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

\_\_\_\_\_

**COMPANY NAME:** \_\_\_\_\_

**WORK PHONE:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

**FAX:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**PREVIOUS WORK HISTORY (PAST 10 YEARS)**

<b><u>Employer</u></b>	<b><u>Occupation</u></b>
_____	_____
_____	_____

<b><u>Professional References (List 3)</u></b>	<b><u>Phone Number</u></b>
_____	_____
_____	_____
_____	_____

**NUMBER OF INDIVIDUALS FROM YOUR FIRM EXPECTED TO ATTEND MAPIA**

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

I attest that my company and I are in good standing with the jurisdictions in which we conduct business, and agree to follow and obey the Association's rules and bylaws.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

*Fax completed form to Kelli Clark at 215-953-8274 or email to [kelli@karasekandclark.com](mailto:kelli@karasekandclark.com)*