

NACA[®]

National Association of Catastrophe Adjusters, Inc.
P.O. Box 499 ★ Alvord, Texas 76225 ★ (817) 498-3466
www.nacatadj.org ★ naca@nacatadj.org

APPLICATION FOR GENERAL MEMBERSHIP

This form must be filled out COMPLETELY or it will be returned to applicant.

Please print legibly. \$200.00 for dues payment and \$30.00 non-refundable application fee must accompany application. All blanks must be completed.

Step 1: ALL APPLICANTS MUST COMPLETE THE FOLLOWING INFORMATION:

Name: _____ Spouse: _____

Mailing Address: _____

City: _____ State: _____ Zip _____

Largest Metropolitan Area that is Closest to City Listed Above: _____

Mobile Phone No.: _____ Alternate Phone No.: _____

Fax No.: _____ Email Address: _____

Professional Website Address: _____

Please attach a copy of any additional certifications you have obtained. A completed ballot of new members will be voted on by the general membership. You will be advised of your acceptance. If your membership is rejected, \$200 dues will be refunded. \$30.00 application fee is non-refundable. All blanks must be filled in for this application to be considered. This application form supersedes all others and is required by any applicant.

I give permission for NACA to include my contact information on a list to be provided to NACA Business Associate Members for marketing purposes. _____ YES _____ NO

Percentage of your work income time devoted to catastrophe or insurance company property claims handling? _____

I certify that all information stated above is true and correct.

Date: _____ Applicant's Signature: _____

Total Payment \$230 Check MasterCard Visa AMEX

Account Number _____ Exp. Date _____ Authorization Code _____

(Authorization Code: List the 3 digit number on the back of MC and Visa and the 4 digit number on front of AMEX. Credit card payments also accepted online at www.nacatadj.org)

STEP 2:

- (1) Must have a minimum of four (4) years catastrophe property adjusting experience verified by work history.
- (2) Must be actively engaged in and derive the major portion of your income from the handling, adjusting, supervision or investigation of catastrophe losses and/or claims for, or on behalf of, insurance companies or self-insureds.
- (3) Must attach a RESUME with the following information - (a) full name, address and phone numbers; (b) 3 (three) verifiable insurance related business references; (c) work history for the last five (5) years which includes dates worked, locations, type of storm(s) and storm office supervisor(s), verifiable business names, addresses, and direct supervisors name and phone numbers; (d) number of years property adjusting and number of years catastrophe adjusting; (e) types of losses handled (i.e., wind, hail, fire, flood, any other);
- (4) Signed recommendation letters of two (2) general members in good standing, verifying your qualifications. Recommendation for general applicants can come from the membership committee.
- (5) Please attach a copy of your state license, if applicable.

General Member recommending your application

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