



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

APPLICATION FOR ASSOCIATE 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. An Associate member must comply with all of the requirements set forth below. At any time after an Associate Member has four (4) years catastrophe property adjusting experience verified by work history, he or she may submit an application for general membership. An Associate can serve on a committee, but will not vote or hold office, and may participate in all other functions. Existing Associate Memberships will be voted on annually. **Please include all support documents listed below.** (Sponsors are not required.)

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? _____

NACA member who encouraged me to submit this application: _____

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

Date: _____ Applicant's Signature: _____

- (1) Must have a minimum of one (1) year 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) three (3) verifiable insurance related business references;
 - (c) work history 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) Please attach a copy of your state license, if applicable.

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)