



Registered Professional Adjuster Renewal Application



Applicant must continue to be involved in Adjustment/Claims

Annual Renewal Fee - \$200
\$150 if paid by April 1, 2008

Renewal Information - 2008

1. Applicant's Name _____ RPA # _____
2. Home Address _____
3. City _____ State _____ Zip _____
4. Present Employer Name _____
5. Work Address _____
6. City _____ State _____ Zip _____
7. Phone _____ Fax _____
8. E-Mail Address _____

Please answer the following questions (Check all that apply):

- A. In your Adjustment/Claims work, do you represent () Self Insureds () Insureds () Insurance Carriers
- B. Please indicate whether you prefer RPA mailings to be directed to your () Home or () Work Address
- C. Would you be interested in serving on any RPA Committees? If so, please indicate which..... () Education () Annual Conference () Communications () Member Services

MAIL (check) or FAX (Credit Card) WITH PROPER FEE TO:
Registered Professional Adjuster Program
P.O. Box 876
Downers Grove, IL 60515
630-515-9340 Phone
630-515-9360 Fax
E-Mail: Info@RPA-Adjuster.com

For your convenience, the Registered Professional Adjusters Program is now able to process credit cards to make payment easier. Should you choose to use a credit card, please fill out this form and fax to us.

Name: _____ Signature: _____

___ Visa ___ Master Card ___ AMEX ___ Discover Card Number: _____ Exp Date: _____

Amount Authorized: _____