



Associate RPA Program Application



Applicant must continue to be involved in Adjustment/Claims

Annual Dues - \$85

1. Applicant's Name _____
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 _____
9. Please indicate years experience handling claims _____
10. Please indicate any professional designations you have obtained _____

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

- A. In your Adjustment/Claims work, do you represent: Self Insureds Insurance Carriers
- B. Please indicate whether you prefer Society mailings to be directed to your: Home or Work Address
- C. Would you be interested in hosting an RPA Chapter? Yes No

MAIL WITH PROPER FEE TO:
Registered Professional Adjuster Program
PO Box 876
Downers Grove, IL 60515-0876
Phone 630-515-9340 Fax 630-515-9360
www.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: _____