

# MAPIA MEMBERSHIP APPLICATION

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_

DUES AMOUNT (Please check one):

- For Companies with 1-2 active Public Adjusters \$1,000
- For Companies with 3-6 active Public Adjusters \$2,500
- For Companies with 7 or more active Public Adjusters \$5,000

PAYMENT OPTIONS (Please check one):

- Enclosed is my check for \$ \_\_\_\_\_
- Please charge my credit card for the full amount of the dues.
- Please charge my credit card for equal installments on a quarterly basis.  
\$1,000 = \$250 per quarter | \$2,500 = \$625 per quarter | \$5,000 = \$1,250 per quarter

American Express       MasterCard       Visa       Discover

Credit Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Cardholder: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

**PLEASE MAIL TO:**  
MAPIA  
414 River View Plaza  
Trenton, NJ 08611

**OR FAX TO:**  
MAPIA  
(609) 393-9891

**QUESTIONS?**  
Please contact Joseph DeSanctis at  
(609) 393-7799 or via  
email at [jdesantis@njpsi.com](mailto:jdesantis@njpsi.com)