

# 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 512**  
**Geneva, IL 60134-0512**  
**Phone 630-262-2270 Fax 630-262-2274**  
[www.rpa-adjuster.com](http://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: \_\_\_\_\_