



NATIONAL ASSOCIATION OF CATASTROPHE ADJUSTERS, INC.

P.O. Box 821864 ★ N. RICHLAND HILLS, TEXAS 76182 ★ (817) 498-3466 ★ FAX (817) 498-0480
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APPLICATION FOR MEMBERSHIP

THIS FORM MUST BE FILLED OUT COMPLETELY OR IT WILL BE RETURNED TO APPLICANT.

PLEASE PRINT LEGIBLY. DO NOT FAX - \$100.00 FOR DUES PAYMENT AND \$30.00 NON-REFUNDABLE APPLICATION FEE MUST ACCOMPANY APPLICATION. ALL BLANKS MUST BE COMPLETED. THIS FORM MUST BE RECEIVED BY MARCH 15TH FOR REVIEW BY THE MEMBERSHIP COMMITTEE. ANY FORM RECEIVED AFTER THIS DATE WILL BE CONSIDERED FOR MEMBERSHIP THE FOLLOWING YEAR.

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: \_\_\_\_\_
PRIMARY PHONE NO.: \_\_\_\_\_ PAGER No.: \_\_\_\_\_
FAX No.: \_\_\_\_\_ MOBILE No.: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

PLEASE ATTACH A COPY OF ANY ADDITIONAL CERTIFICATIONS YOU HAVE OBTAINED. ALL APPLICATIONS ARE CONSIDERED AT THE NEXT ANNUAL MEETING. DUES PAID ARE FOR SIX MONTH PERIOD AFTER APPLICANT IS ACCEPTED (JANUARY - JUNE). YOU WILL BE ADVISED OF YOUR ACCEPTANCE. IF YOUR MEMBERSHIP IS REJECTED, \$100 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 CERTIFY THAT ALL INFORMATION STATED ABOVE IS TRUE AND CORRECT.

DATE: \_\_\_\_\_ APPLICANT'S SIGNATURE: \_\_\_\_\_

STEP 2: INDICATE WHICH ONE OF THE FOUR TYPES OF MEMBERSHIP YOU WISH TO OBTAIN, AND FOLLOW INSTRUCTIONS SPECIFIC TO THAT MEMBERSHIP:

[ ] GENERAL MEMBERSHIP

- (1) MUST HAVE A MINIMUM OF FOUR (4) YEARS 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 FOR THE LAST FIVE (5) YEARS 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) SIGNED RECOMMENDATION LETTERS OF TWO (2) GENERAL MEMBERS IN GOOD STANDING, VERIFYING YOUR QUALIFICATIONS.
(5) PLEASE ATTACH A COPY OF YOUR STATE LICENSE, IF APPLICABLE.

PERCENTAGE OF YOUR WORK INCOME TIME DEVOTED TO CATASTROPHE OR INSURANCE COMPANY PROPERTY CLAIMS HANDLING? \_\_\_\_\_

RECOMMENDATION LETTERS FROM THE FOLLOWING TWO (2) GENERAL MEMBERS IN GOOD STANDING ARE ATTACHED TO THIS APPLICATION. (RECOMMENDATION FOR GENERAL APPLICANTS CAN COME FROM THE MEMBERSHIP COMMITTEE. LETTERS ARE NOT REQUIRED FOR ASSOCIATE, APPRENTICE OR BUSINESS ASSOCIATE MEMBERSHIPS.)

PLEASE PRINT NAME \_\_\_\_\_

PLEASE PRINT NAME \_\_\_\_\_

### **[ ] ASSOCIATE MEMBERSHIP**

AN ASSOCIATE MEMBER MUST COMPLY WITH ALL OF THE REQUIREMENTS SET FORTH ABOVE, FOR A GENERAL MEMBERSHIP, EXCEPT THAT HE/SHE HAS LESS THAN 4 YEARS OF CATASTROPHE PROPERTY ADJUSTING EXPERIENCE. AT ANY TIME AFTER AN ASSOCIATE MEMBER HAS FOUR (4) YEARS CATASTROPHE PROPERTY ADJUSTING EXPERIENCE VERIFIED BY WORK HISTORY, HE OR SHE MAY SUBMIT A REGULAR MEMBERSHIP APPLICATION AS DETAILED ABOVE. AN ASSOCIATE WILL NOT VOTE OR ATTEND THE BUSINESS MEETING OR HOLD OFFICE, BUT MAY PARTICIPATE IN ALL OTHER FUNCTIONS. EXISTING ASSOCIATE MEMBERSHIPS WILL BE VOTED ON YEARLY. PLEASE INCLUDE ALL SUPPORT DOCUMENTS LISTED UNDER GENERAL MEMBERSHIP. (SPONSORS ARE NOT REQUIRED.)

### **[ ] APPRENTICE MEMBERSHIP**

AN APPRENTICE MEMBER IS A PERSON WHO DOES NOT MEET THE QUALIFICATIONS FOR ASSOCIATE MEMBERSHIP IN THAT HE/SHE MAY NOT BE ACTIVELY ENGAGED IN AND DERIVE THE MAJOR PART OF HIS/HER INCOME FROM THE HANDLING, ADJUSTING, SUPERVISION, OR INVESTIGATION OF CATASTROPHE LOSSES AND/OR CLAIMS FOR, OR ON BEHALF OF, INSURANCE COMPANIES OR SELF-INSURED'S. THIS MEMBERSHIP IS INTENDED FOR THOSE PERSONS WHO HAVE JUST ENTERED OR ARE CONSIDERING ENTERING IN THE CATASTROPHE ADJUSTING PROFESSION. APPRENTICE MEMBERS DO NOT HAVE VOTING PRIVILEGES AND MAY NOT ATTEND BUSINESS MEETINGS. NEW APPLICATIONS AND RENEWAL APPRENTICE MEMBERSHIPS WILL BE VOTED ON BY THE MEMBERS AT THE NEXT ANNUAL MEETING. AT ANY TIME THE APPRENTICE MEMBER MEETS THE REQUIREMENTS FOR AN ASSOCIATE MEMBER, HE/SHE MAY SUBMIT AN APPLICATION FOR ASSOCIATE MEMBERSHIP. (SPONSORS ARE NOT REQUIRED.)

### **[ ] BUSINESS ASSOCIATE MEMBERSHIP**

THIS MEMBERSHIP IS FOR ADJUSTING FIRMS AND/OR EXECUTIVES OF INSURANCE COMPANIES OR FIRMS, AND INDIVIDUALS OR FIRMS ASSOCIATED WITH THE CATASTROPHE ADJUSTING BUSINESS. YOU MUST INCLUDE A BUSINESS RESUME WITH THIS APPLICATION. ASSOCIATE BUSINESS MEMBERS ARE EXCLUDED FROM THE BUSINESS MEETINGS AND VOTING RIGHTS. EXISTING BUSINESS ASSOCIATE MEMBERSHIPS WILL BE VOTED ON YEARLY. (SPONSORS ARE NOT REQUIRED.) BUSINESS ASSOCIATE APPLICANTS, PLEASE PRINT YOUR COMPANY NAME: \_\_\_\_\_

Thank you for your interest in the National Association of Catastrophe Adjusters, Inc.

Once your completed application with application fee and membership dues is received by this office, your name is entered into the NACA® database. From that point on, you will receive all mailings which are sent to our membership.

Your application will be voted on by the General Membership. Five *No Votes* by the membership will disqualify any application. If this occurs, the \$100 paid for your 2008-9 dues will be refunded. The \$30 application fee is non-refundable.

As a member of NACA®, your name will be listed in our printed Membership Roster and the online roster and you are entitled to all other benefits and privileges of your membership.

**Please make sure your application is complete and has all other information which is requested.** Any incomplete application will be returned to the applicant. Please send your application, resume, registration fee, and dues payment so that it will be received **before March 15<sup>th</sup>**. Any application received after this date will be considered the next year. If you have any questions, please contact me.

Sincerely,

*Lori Ringo*

Lori Ringo  
Executive Administrator