

National Association of Catastrophe Adjusters, Inc.
P.O. Box 499 ★ Alvord, Texas 76225 ★ (817) 498-3466
www.nacatadj.org ★ naca@nacatadj.org

## **APPLICATION FOR BUSINESS ASSOCIATE MEMBERSHIP**

(General, Associate and Apprentice applicants must use a different form)

This form must be filled out **COMPLETELY** or it will be returned to applicant.

Please print legibly. \$400.00 for dues payment and \$30.00 non-refundable application fee must accompany application. All blanks must be completed.

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 do not have voting privileges. Existing Business Associate Memberships will be voted on annually. (Sponsors are not required.)

Company name:					
Contact Name:					
Mailing Address:					
City:		State:	Zip		
Largest Metropolitan Area	that is Closest to City Listed	Above:			
Mobile Phone No.:		Alternate Phone No.:			
Fax No.:	EMail	Address:			
PROFESSIONAL WEBSITE A	DDRESS:				
acceptance. If your memb	v members will be approve ership is rejected, \$400 due this application to be consid	s will be refunded. \$3	30.00 applicatio	n fee is non-refun	dable. A
•	A to include my contact in rposes.		o be provided t	o NACA business	associat
	raged you to submit this ap In stated above is true and co	·			
Date:	Applicant's Signature:				
Total Payment \$430 Account Number	☐ Check	□ MasterCard Exp. Date	□ VisaAuthorizat	□ AMEX	
	ne 3 digit number on the bac accepted online at <a href="https://www.nacentropy.com/www.nacentropy.com/">www.nacentropy.com/</a>		the 4 digit numb		