



National Association of Catastrophe Adjusters, Inc.
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APPLICATION FOR
 APPRENTICE MEMBERSHIP

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

**Please print legibly. \$200.00 for dues payment and \$30.00 non-refundable application fee must accompany application.
All blanks must be completed.**

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. New applicants for Apprentice Membership do not have to be voted on by the members for their initial acceptance but instead will become Apprentice members immediately when their application, dues and fees are received in proper order by NACA. Renewal apprentice memberships will be voted on by the members each year. 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.)

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: _____

MOBILE PHONE No.: _____ ALTERNATE PHONE No.: _____

Fax No.: _____ Email Address: _____

PROFESSIONAL WEBSITE ADDRESS: _____

Please attach a copy of any additional certifications you have obtained. If your membership is rejected, \$200 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 GIVE PERMISSION FOR NACA TO INCLUDE MY CONTACT INFORMATION ON A LIST TO BE PROVIDED TO NACA BUSINESS ASSOCIATE MEMBERS FOR MARKETING PURPOSES. _____ YES _____ NO

I certify that all information stated above is true and correct.

NACA Member who encouraged me to submit this application: _____

Date: _____ Applicant's Signature: _____

Total Payment \$230 Check MasterCard Visa AMEX
 Account Number _____ Exp. Date _____ Authorization Code _____

(Authorization Code: List the 3 digit number on the back of MC and Visa and the 4 digit number on front of AMEX. Credit card payments also accepted online at www.nacatadj.org)