



Georgia Association of Public Insurance Adjusters

(GAPIA)

**Application for Membership**

Please select the appropriate membership below which is valid \_\_\_\_\_

Individual Membership (\$250.00) Limited time only!

Associate Membership (\$1,000.00)

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

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

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

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

Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please list all licenses held (please use reverse side for additional licenses):

Type (PA, IA, etc.)	State	Years	Current? Y/N

Are you currently in good standing with The Department of Insurance? If not, please explain: \_\_\_\_\_

Are you a Public Adjuster full time? Y \_\_\_ If No, list your full time profession \_\_\_\_\_

Do you own, have any interest in, are employed by, or benefit financially or otherwise, from a construction, restoration, loss related vendor, insurance company or agency? Y \_\_\_ N\_ \_\_\_ If Yes, please explain: \_\_\_\_\_

How would you like to be actively involved in your association? \_\_\_\_\_

What benefits would you like to receive from your GAPIA membership? \_\_\_\_\_

Please provide 3 professional references: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*I agree abide by the GAPIA By-Laws and Code of Conduct adopted and/or amended by GAPIA.  
\*My signature affirms that all information listed on this application is true and accurate.**

signed: \_\_\_\_\_ Date \_\_\_\_\_

Submit check payable to GAPIA and mail with application to:

GAPIA, Inc 178 South Main Street, Suite 250, Alpharetta, GA 30009