## **Massachusetts Association of Public Insurance Adjusters, Inc.**

## 2019/2020 Membership Form

NAME OF MEMBER:		
EMAIL ADDRESS :		
Please indicate wh	ere you woul	ld like all future correspondence sent:
Please circle:	Office	Home
	Offici	E INFORMATION
COMPANY NAME:		
STREET ADDRESS:		
CITY:	_	
ZIP, STATE:		
PHONE:		
FAX:		
WEBSITE ADDRESS:		
CELL PHONE:		
	Номе	EINFORMATION
STREET ADDRESS:		
CITY:		
ZIP, STATE:	_	
PHONE:		