

# Massachusetts Association of Public Insurance Adjusters, Inc.

## 2022/2023 New Membership Form

NAME OF MEMBER: \_\_\_\_\_

EMAIL ADDRESS : \_\_\_\_\_

Please indicate where you would like all future correspondence sent:

Please circle:            Office      Home

OFFICE INFORMATION
COMPANY NAME:
STREET ADDRESS:
CITY:
ZIP, STATE:
PHONE:
FAX:
WEBSITE ADDRESS:
CELL PHONE:

HOME INFORMATION
STREET ADDRESS:
CITY:
ZIP, STATE:
PHONE:

**Membership 9/1/22-8/31/23: \$400**

**Weblink on MAPIA.net: \$100**

**Please send your check made payable to MAPIA to:**

**MAPIA  
Attn: Mindi Labella  
33 Donald Rd.  
Billerica, MA 01821**