

Massachusetts Association of Public Insurance Adjusters, Inc.

2024/2025 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 9/1/24-8/31/25: \$500

Weblink on MAPIA.net: \$150

Please send your check made payable to MAPIA to:

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