

Massachusetts Association of Public Insurance Adjusters, Inc.

2025/2026 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 9/1/25-8/31/26: \$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**