



ASSOCIATION OF
Average Adjusters

Form of Application for Membership

Name of Candidate, in full:

Professional or business address:

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Office Tel:Office Fax:

Email:Home Tel:

Occupation:

Other Academic and/or
Professional Qualifications:

Date of Birth:

I undertake that, if elected as an Associate or Fellow, I will conform to the Rules of the Association.

Signature of Candidate:

Date:

The attention of Candidates is particularly drawn to Rules 3, 4, 5 and 9 of the Association. The Rules are available from the Association's Website (www.average-adjusters.com)

This Application Form together with the other supporting documents referred to in Rule 10(b), duly completed, and an application fee of _____, must reach the Secretary not later than the 15th January.