



ASSOCIATION OF
Average Adjusters

Form of Application to be a Subscriber

Name of Applicant, in full:

Professional or business address:

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Name of Applicant's firm
or company:

Office Tel:

Office Fax:

Email address:

Occupation:

Introduced by:

Signature of Applicant:

Signature of Introducer:

Date:

Attention is drawn to the following Rules of the Association and Note:

Rule 8 The Association may elect Subscribers who shall be persons or bodies interested in shipping and marine insurance

Rule 9 (a) Candidates for Membership (other than Honorary Fellows) shall apply in writing to the Secretary of the Association on the form provided for the purpose.

(b) Applications for Membership shall be considered by the Committee of Management.

(c) The Committee of Management shall have the power to elect Representatives and Subscribers and to require the Examining Committee to examine applicants for Fellowship and Associateship.

Note: This form, together with the current subscription of _____ should be sent to the Secretary of the Association