

2024 Application for Membership

ARKANSAS ADJUSTERS ASSOCIATION - PO BOX 56482 Little Rock, AR 72215
www.arkaa.org

REV 12/28/2023

First Name:	Last Name:		
Employer:	Work E-mail:		
Work Address:	City:	State	Zip
Work Phone:	Cell Phone:		

Please include my contact information on the Association's Membership List. This list is used for announcements of upcoming events and meetings. No Yes (if yes initial _____)

MEMBERSHIP TYPE

(Check applicable section)

SECTION 1A: FULL MEMBERSHIP No Annual Membership Fee
Any person adjusting claims on a full-time basis made by or against a policy holder of an insurance company, or any self-insurer, so long as such person is not engaged in the practice of representing claimants against insurance companies, or any self-insurer.

SECTION 1B: ASSOCIATE MEMBERSHIP \$35 Annual Membership Fee
Associate members are persons involved in the insurance industry who are not directly involved in the adjustment of insurance claims, so long as such person is not engaged in the practice of representing claimants against insurance companies or any self-insurer.

Please check any committee you are interested in:

Public Relations _____ Scholarship _____ Membership _____ Programs and Events _____

SIGNATURE _____ DATE _____

Please mail your completed application and fee, (if applicable) to PO Box 56482 Little Rock, AR 72215