

## 2023 Application for Membership

ARKANSAS ADJUSTORS ASSOCIATION - PO BOX 56482 Little Rock, AR 72115  
[www.arkaa.com](http://www.arkaa.com)

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REV 1.23.2023

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