



NEW ENGLAND ADJUSTMENT MANAGERS ASSOCIATION

NEW MEMBERSHIP APPLICATION

Date: _____

Membership Type: Associate Member Member
Associates Members \$300 for initial membership (Vendors)
Members \$150 for Annual Membership (Banks and Credit Unions)

Organization Name: _____

Mailing Address: _____

Organization Representative: _____

Organization's Main Telephone number: _____

Email: _____

Type of Business: _____

NEAMA Sponsor: _____

What prompted you to join NEAMA? _____

Signature: _____

By signing above, you agree to adhere to the By-Laws of New England Adjustments Managers Association, which are posted on our website (www.neama.org).

Please attach a copy of your current sales brochure listing the products and services your company can offer to our members. Please provide a copy of the representative's business card.

Checks payable to **NEAMA** can be mailed along with this form to:

New England Adjustment Managers Association
C/O Mutual Bank: Jennifer Huska
342 Bedford Street
Whitman, MA 02382

Contact Jennifer Huska (781) 523-4410 or Nelson Tavares (508) 824-6466 ext.479 to discuss prepaid Vendor Sponsorship Options.

Executive Committee Vote Approval: _____ Date: _____