



P.O. BOX 20845 • ALBUQUERQUE, NM 87154-0845

NEW MEMBER APPLICATION

Date _____

FEES:

Licensed Adjuster: \$30 Per Person

Associate Member: \$30 Per Person

Applicant name: _____

Title: _____

Company name: _____

Company address: _____

Company phone: _____

FAX # _____

eMail address: _____

Home address: _____

Home phone _____

Please include your check payable to: "NMCA" and mail to:

NMCA

P O Box 20845

Albuquerque NM 87154-0845