



Canadian Independent Adjusters' Association

**APPLICATION FOR INDIVIDUAL MEMBERSHIP
AS
FELLOW OF THE CANADIAN INDEPENDENT ADJUSTERS' ASSOCIATION**

Full Name: _____ Employer: _____

Home Address: _____ Business Address: _____

Home Phone: _____ Business Phone: _____

Birth Date: _____ Date you entered adjusting profession: _____

Date you became a Licentiate: _____ In which Province are you currently licensed? _____

Show complete employment history:

Dates	Company	Reference

List your academic achievements (i.e. AIIIC, FIIC, CIP, University and/or College):

Confirmation of Applicant's ability in the adjustment of loss (All references should be attached):

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Confirmation of Applicant's contribution(s) to the Industry outside the adjustment of loss (full particulars to be attached):

In the alternative, applicant should submit a written presentation dealing with his/her view or analysis of a subject pertaining to the insurance business, which will be judged on its merit. (Details should be attached.)

I understand and accept, that the Association is free to initiate any enquiries it deems necessary to confirm the statements made herein, and that the application will be considered pursuant to the rules and regulations of the Association with which I am familiar.

I make this application with the declaration that the information and particulars herein are true in every respect and that I will supply any further details as may be required.

Date: _____ Signed: _____
(Applicant)

Sworn before me at: _____

Date: _____ Signed: _____
(Notary Public)

(Application to be notarized and submitted in triplicate to your Regional Executive)