



Dues Invoice - \$25

Adjusters Association of Central Illinois

Name of Applicant _____

Residence Address _____

City _____ State _____ Zip _____ Phone _____

Email Address _____

Employer _____

Office Address _____

City _____ State _____ Zip _____ Phone _____

The undersigned applicant agrees to abide by the "objects and purposes" of the Association, to be governed by the By-Laws, and to conduct themselves in a manner worthy of their profession.

Renewal New Member Applicant Signed _____
approved by Membership Committee

Yes ___ No ___ Date _____ Chairman _____

Mail dues to: Adjusters Association of Central Illinois, PO box 6186, Springfield, IL 62708