



Date: _____

NEW MEMBERSHIP APPLICATION (Sept 2026-Aug 2027)

Associate Member Member
\$600 for initial membership (Vendors)
\$400 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.ne-ama.org).

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

NEW ENGLAND ADJUSTMENT MANAGERS ASSOCIATION

C/O Liberty Bay Credit Union ATTN: Ronald Bohn

300 Granite Street, 3rd Floor

Braintree, MA 02184

Executive Committee Vote Approval: _____ Date: _____

***To pay online visit the Events tab on our website: www.ne-ama.org**