



Date: _____

NEW MEMBERSHIP APPLICATION (Sept 2024- Aug 2025)

- Associate Member Member
\$550 for initial membership (Vendors)
\$350 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).

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

NEW ENGLAND ADJUSTMENT MANAGERS ASSOCIATION
C/O St. Mary's Bank ATTN: Courtney Creighton
48 Perimeter Rd.
Manchester, NH 03103

Executive Committee Vote Approval: _____ Date: _____

***To pay online visit the Events tab on our website: www.neama.org**