ONTARIO INSURANCE ADJUSTERS ASSOCIATION

29 De Jong Drive, Mississauga, Ontario L5M 1B9 Phone: (905) 542-0576

APPLICATION FOR MEMBERSHIP

(PLEASE PRINT CLEARLY)

NAME OF APPLICANT: Mr. Ms. Mrs. _____

EMPLOYER: _____ POSITION: _____

BUSINESS ADDRESS: _____
Number and Street City Province Postal Code

Mailing address if different from above: _____

TEL.:_____ FAX.:_____ E-MAIL:_____ ALTERNATE E-MAIL: _____

PREVIOUS MEMBERSHIP? NO ☐ YES ☐ **CHAPTER DESIGNATION**_____

ADJUSTER'S LICENSE NO. (If Licensed Adjuster): _____

OIAA SPONSORS: (2 required - must be Active Members in good standing)

(1) Name _____
(PLEASE PRINT) (OIAA membership number)

Employer _____
Position

(2) Name _____
(PLEASE PRINT) (OIAA membership number)

Employer _____
Position

Active Members shall be those in good standing and character whose principal interest and attention is devoted in a duly qualified manner to adjustment of claims in the province of Ontario on behalf of or employed by insurance companies, self-insurers or government agencies excluding adjusters acting on behalf of the public.

BUSINESS EXPERIENCE DURING PAST 3 YEARS

From: m/yr	To: m/yr	Employer	Nature of Work	Name of Supervisor

I hereby make application for membership in the Ontario Insurance Adjusters Association ("O.I.A.A."). I certify that I am primarily engaged in adjusting claims in the province of Ontario for insurers, self insurers or government agencies. Upon acceptance I promise to subscribe to and abide by the constitution and code of ethics of the association. I hereby authorize the Ontario Insurance Adjusters Association to collect, use and disclose my personal information, for purposes of O.I.A.A. membership, adjuster licensing, subscription services, events, informational services, charitable receipts, and/or any other reasonably analogous purposes. I am aware the information will be used in accordance with the O.I.A.A. Privacy Policy. By signing this consent, I understand that I am also consenting retroactively to the past collection, use and disclosure of any personal information so collected, used or disclosed prior to the date of this consent. If I do not wish my consent to be applicable retroactively, I understand that I may at any time contact the Secretary of the O.I.A.A. and request, on reasonable notice, that the O.I.A.A. not retain, use or disclose such information, or alternatively that I may write "This consent is not retroactive" on the face of this signed form.

2010-2011 Active Membership Dues: $40.00 + H.S.T
(H.S.T. Registration #86838 6665 RT0001)
Enclose cheque with application or provide credit card information

OPTIONAL FOR YOUR CONVENIENCE
Charge amount: $_____
MC / VISA / Debit ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐
Card expiry date _____
Name of card holder _____
Signature of card holder_____

_____
Signature for Application and Consent

Signed at _____

on this_____ day of _____20_____