



## MIAA Membership Form

### Personal Information

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_

### Work Information

Comapny \_\_\_\_\_  
Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Please enclose a cheque or money order for \$50.00 made payable to The Manitoba Insurance Adjusters' Association. Return form to:

Tracey Dreyer, Treasurer, MIAA  
C/OAVIVA

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Phone: