



AWCCA, INC.

EFFECTIVE SEPTEMBER 2010 THROUGH MAY 2011

NAME: _____ TELEPHONE: _____

TITLE: _____

COMPANY: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

E-MAIL ADDRESS: _____

ALL MONTHLY FLYER NOTIFICATIONS WILL BE EMAILED – If you change positions or your contact information changes, please update the AWCCA to insure accurate database information.

MEMBERSHIP AFFILIATIONS AND DUES:

REGULAR MEMBERSHIP = \$75 PER YEAR*

Open to anyone engaged directly in management or administration of workers' compensation claims.

ASSOCIATE MEMBERSHIP = \$125 PER YEAR*

Open to anyone engaged or employed in providing ancillary services or assistance in workers' compensation claims, including but not limited to attorneys, nurse case managers, doctors, rehab service providers, investigative service providers, etc.

I WOULD LIKE TO VOLUNTEER MY SERVICES FOR THE FOLLOWING:

Holiday Party

The Examiner

Golf Tournament

Fred Brick Memorial

Spring Seminar

Job Referral

RETURN APPLICATION AND FEE TO:
(Checks payable to: AWCCA, Inc.)

**AWCCA, Inc.
PO BOX 44941
PHOENIX, AZ 85064-4941**

Questions can be directed to: info@awcca.org

“A professional association dedicated to continuing education, mutual understanding and cooperation within the workers' compensation claims industry.”

*Membership privileges are for the individual listed on the application, not the company

MEMBERSHIP PRIVILEGES ARE NON-TRANSFERRABLE