

**AWCO 2010 – 2011
MEMBERSHIP APPLICATION**

NAME: _____

COMPANY: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

TITLE: _____ PHONE: _____

E-MAIL: _____

_____ **ACTIVE MEMBER** – Employees of Insurance Carriers, Adjusting Firms and/or Self Insured employers.

_____ **ASSOCIATE MEMBER** – Members of the Alabama State Bar, Medical Providers and/or individuals engaged in vocational, rehabilitation or investigative services. Type of service provided: _____

Dues:

Membership period: 06-01-2010 thru 12-31-2011

\$75 if paid by 01-15-2011 and to attend 2011 Spring Conference FREE

\$125 if paid 01-16-2011 thru 12-31-2011

Amount Enclosed: \$ _____

Please let us know if you might be interested in any of the following:

- | | |
|--|-------------------------|
| _____ Speaking at a luncheon or conference | _____ Social Committee |
| _____ Sponsorship of a luncheon or event | _____ Auction Committee |
| _____ Sponsorship of the Key Note Speaker for conference | |
| _____ Other: _____ | |

Please RETURN this completed application with payment to:

**Alabama Workers' Compensation Organization, Inc.
P.O. Box 59884
Birmingham, AL 35259
FEIN: 63-1186418**