

AWCO MEMBERSHIP APPLICATION – 2017

NAME: _____

COMPANY: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

TITLE: _____ PHONE: _____

E-MAIL: _____

Dues:

Membership period: 01-01-2017 thru 12-31-2017

\$75 if paid by 02-27-2017 and to attend 2017 Spring Conference FREE

\$150 if paid AFTER 02-27-2017

Amount Enclosed: \$_____

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

- | | |
|--|-------------------------|
| _____ Speaking at an event 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**