

**AWCO MEMBERSHIP APPLICATION – 2017-18**

NAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**Dues:**

**Membership period: 01-01-2018 thru 12-31-2018**

**\$75 if paid by 02-27-2018 and to attend 2018 Spring Conference FREE**

**\$150 if paid AFTER 02-27-2018 (NO FREE conference attendance)**

**Amount Enclosed: \$\_\_\_\_\_**

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

- |   |  |
|---|--|
| <input type="checkbox"/> Speaking at an event or conference                 | <input type="checkbox"/> Social Committee  |
| <input type="checkbox"/> Sponsorship of a luncheon or event                 | <input type="checkbox"/> Auction Committee |
| <input type="checkbox"/> Sponsorship of the Key Note Speaker for conference |  |
| <input type="checkbox"/> Other: _____                                       |  |

**Please RETURN this completed application with payment to:**

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