



AWCO 2009-2010
MEMBERSHIP APPLICATION

Dues: \$50.00 if paid by 01/14/10
\$100.00 if paid on or after 01/15/10

Please Type or Print

Amount Enclosed: _____ Date: _____

Name: _____

Company: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Position: _____ Phone: (____) _____

E-Mail: _____

Referred By: _____

- 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 persons engaged in Vocational, Rehabilitation, Investigative Services, etc.

Return this completed form with your membership dues enclosed to:

Alabama Workers' Compensation Organization, Inc.
P.O. Box 59884
Birmingham, Alabama 35259

FEIN: 63-1186418