

AWCO MEMBERSHIP APPLICATION – 2021

NAME: _____

COMPANY: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

PHONE: _____

E-MAIL: _____

*This email will be used for all organization communication. Please provide the email address you prefer we use. If registering for someone else, please provide their email address.

Dues:

Membership period: 01-01-2021 through 12-31-2021

\$75 if paid by 02-28-2021 and to attend 2021 Spring Conference FREE

\$150 if paid AFTER 02-28-2021 (NO FREE conference attendance)

Amount Enclosed: \$ _____

_____ **I plan to attend the 2021 conference** _____ **I do not plan to attend**

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 |
| _____ Serving as AWCO Board Member | _____ Serving as AWCO Officer |
| _____ Other: _____ | |

**Please RETURN this completed application with payment to:
Alabama Workers' Compensation Organization, Inc.**

P.O. Box 59884
Birmingham, AL 35259
FEIN: 63-1186418