

AWCO MEMBERSHIP APPLICATION – 2023

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: 01-01-2023 through 12-31-2023

\$125 if paid by 05-31-2023 and to attend 2023 Spring Conference FREE

\$250 if paid AFTER 05-31-2023 (NO FREE conference attendance)

Amount Enclosed: \$ _____

_____ **I plan to attend the 2023 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**