

**AWCO MEMBERSHIP APPLICATION – 2024**

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: 01-01-2024 through 12-31-2024**

**\$150 if paid by 05-31-2024 and to attend 2024 Conference FREE**

**\$250 if paid AFTER 05-31-2024 (NO FREE conference attendance)**

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

\_\_\_\_\_ **I plan to attend the 2024 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**