

**AWCO MEMBERSHIP APPLICATION – 2025**

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: 01-01-2025 through 12-31-2025**

**\$150 if paid by 05-31-2025 and to attend 2025 Conference FREE**

**Amount will increase after 05-31-2025 (NO FREE conference attendance)**

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

**\_\_\_\_\_ I plan to attend the 2025 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**