

**AWCO 2008-2009
Membership Application**

Dues: \$ 50.00 if paid by 01/14/09
\$100.00 if paid on or after 01/15/09

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 or investigative services.

TYPE OF SERVICE: _____

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