



Association of Workers' Compensation Professionals

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PO Box 760

Rancho Cordova, CA 95741-0760

916.290.8017 □ 916.914.1706 (fax)

www.awcp.org □ info@awcp.org

2009 MEMBERSHIP APPLICATION*

___ New Membership ___ Renewing Membership

Chapter: ___ Northern ___ Southern

Name: _____

Company: _____

Address: _____

City/State/Zip _____

Phone: () _____ Fax: () _____

Email: _____

MEMBERSHIP TYPE (PLEASE CHECK ONE):

___ Individual Membership – \$50.00

Receive regular newsletters (printed or electronic)
Reduced registration to monthly lunch meetings,
education conferences, fun night, holiday party

___ Diamond Membership – \$350.00

Receive regular newsletters (printed or electronic)
Company listing in each publication and on website
Reduced registration for employees or clients to monthly
lunch meetings, education conferences, fun night, holiday
party
Reduced exhibitor/sponsor rate for special events (golf
tournament, education conferences) and advertising rate in
publications
Preferred placement of exhibit and advertising space

___ Platinum Membership – \$2,750.00
(A Company's Best Value!)

Receive regular newsletters (printed or electronic)
Company listing in each publication and on website (preferred
placement by category)
Pre-paid registration for 5 employees or clients to monthly
lunch meetings
Pre-paid hole sponsorship at golf tournament
Pre-paid fees for one 4-some at golf tournament
Pre-paid registration for 5 employees or clients to fun night
Pre-paid registration for 5 employees or clients to education
conferences (excludes mini-conferences)
Pre-paid exhibit space at education seminar (excluding optional
services)
Pre-paid registration for 5 employees or clients to holiday party
Priority placement of exhibit and sponsorship space
Reduced advertising rate in publications

DUES PAYMENT:

___ Check Enclosed (Payable to AWCP) ___ VISA ___ M/C ___ AMEX

Credit card number: _____ Amount: _____

Printed name: _____ Signature: _____

Security Code: _____ Expiration Date _____ Billing Zip Code: _____

*Membership is for the full calendar year; pro-rating for partial year not available.