

2022 MEMBERSHIP APPLICATION*

_____ New Membership _____ Renewing Membership

Name: _____

Company: _____

Address: _____

City/State/Zip: _____ Specialty: _____

Phone: (____) _____ Fax: (____) _____

Email: _____

MEMBERSHIP TYPE (PLEASE CHECK ONE):

_____ Individual Membership Category

- ☐ Claims Examiner – \$30.00
☐ Attorney – \$130.00
☐ Other – \$100.00

Receive monthly updates

Reduced registration virtual mini conferences, spring and fall education in-person conferences, golf tournament, fun night and holiday party

_____ Diamond Membership – \$600.00

Company listing with logo on website

Reduced registration for employees or clients to virtual, spring and fall in-person all-day conferences with exhibits

Reduced exhibitor/sponsor rate for special events (golf tournament, fun night and holiday party),

Advertising rate in publications, complimentary career center ads

Preferred placement of exhibit and advertising space

_____ Platinum Membership – \$4,000.00 *A Company's Best Value!*

Payments: \$2,500 Due January 31, 2022
\$1,500 Due July 1, 2022

Special Company listing with logo on website
(And preferred placement by category)

Pre-paid registration for 5 employees or clients to five virtual mini conferences (January Legal Mini Conference is excluded)

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 spring and fall education conferences

Pre-paid preferred exhibit space at spring and fall education conferences

Pre-paid registration for 5 employees or clients to fun night

Pre-paid registration for 5 employees or clients to holiday party

Priority placement of exhibit and sponsorship space

Complimentary Full-Page Ad in Mini Conference Syllabi

Complimentary Career and Announcement Center ads

DUES PAYMENT:

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

Credit card number: _____ **Amount:** _____ **

**As of 08/01/19, a 3% credit card processing fee will be added to the charge amount.

Printed name: _____ **Signature:** _____

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

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