

2023 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 December 31, 2022
 \$1,500 Due July 1, 2023

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 fall education conference
 Pre-paid preferred exhibit space at spring and fall education conferences
 Pre-paid registration for 5 employees or clients to summer fun
 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.