



Association of Workers' Compensation Professionals

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2025 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 – \$35.00
- Attorney – \$135.00
- Other – \$110.00

Receive monthly updates
Reduced registration virtual mini conferences, fall education in-person conferences, golf tournament, summer event 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, summer event and holiday party),
Advertising rate in publications, complimentary career center ads
Preferred placement of exhibit and advertising space

_____ Platinum Membership – \$4,300.00

A Company's Best Value!

Payments: \$2,500 Due December 15, 2024
\$1,800 Due July 1, 2025

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 fall education conferences
Pre-paid registration for 5 employees or clients to summer event
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.