



Professionals In Workers' Compensation

2011 MEMBERSHIP and SPONSORSHIP FORM

(Membership is for the full calendar year; pro-rating for partial year not available)

Additional memberships:

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel: (____) _____ Fax: (____) _____

Email: _____ www. _____

Category: (Associate Sponsorship Circle One): copy services; deposition services; disability management; insurance brokers; interpreting services; investigation services; law firms; managed care; medical consulting; Medicare; settlement companies; translation services; transportation services; voc rehab services; other _____

____ **New Membership**

____ **Renewing Membership**

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel: (____) _____ Fax: (____) _____

Email: _____ www. _____

Category: (Associate Sponsorship Circle One): copy services; deposition services; disability management; insurance brokers; interpreting services; investigation services; law firms; managed care; medical consulting; Medicare; settlement companies; translation services; transportation services; voc rehab services; other _____

____ **New Membership**

____ **Renewing Membership**

2011 TOTAL PAYMENT AMOUNT ENCLOSED: \$ _____

Make checks payable to: PIWC c/o Sako Arutyunyan

Tax ID No.: 26-1894051

Send to: P.O Box 12428 La Crescenta, CA 91224