



Professionals In Workers' Compensation
P.O. Box 25691
Fresno, CA 93729-5691
Tax ID: 20-8017117

2019 MEMBERSHIP and SPONSORSHIP FORM

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

Name: _____

Company: _____

Address: _____ City: _____ State: _____ Zip: _____

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

Email: _____ www. _____

Category: (Individual Service Provider Membership - Circle One): copy services; deposition services; disability management; insurance brokers; interpreting services; investigation services; managed care; medical consulting; medicare; settlement companies; translation services; transportation services; voc rehab services; other

____ New Membership ____ Renewing Membership

Membership type:

(please place an "X" next to each membership & sponsorship choice)

____ **Examiner Membership/Nurse Membership (1 individual per membership)** **\$25.00**
Includes: Discounted educational and social events.

____ **Corporate Membership (up to 15 individuals)** **\$200.00**
Includes: Discounted educational and social events, up to 15 individuals max.
Designed for Insurance Companies, TPA's, Law Firms or Small Businesses.

____ **Platinum Membership: (unlimited individuals)** **\$350.00**
Includes: Website recognition/Link with your logo, discounted pricing to all events, advanced notice of special events, priority given for your company to speak at educational seminars. Unlimited discounted tickets to educational events.

2019 TOTAL PAYMENT AMOUNT ENCLOSED: \$ _____

Make checks payable to: PIWC, PO Box 25691, Fresno, CA 93729

You may also pay online at our website www.piwcfresno.com