



Membership Application *Please check one*

New Member

Renewal

First Name		Last Name	
Organization Name			
Mailing Address			
City State Zip			
Phone		Fax	
email		website	
Please check the box below that most closely describes your involvement in workers' compensation			
<input type="checkbox"/> Adjuster	<input type="checkbox"/> Government	<input type="checkbox"/> Physician	
<input type="checkbox"/> Claimant Attorney	<input type="checkbox"/> Insurance	<input type="checkbox"/> Rehabilitation	
<input type="checkbox"/> Defense Attorney	<input type="checkbox"/> Nurse	<input type="checkbox"/> Surveillance/Investigative	
<input type="checkbox"/> Employer	<input type="checkbox"/> Paralegal	<input type="checkbox"/> Other <i>Please specify below</i>	
Sponsor (if any)			

Annual Dues

Type	Quantity	Amount	Subtotal
Firm Business Member		\$150.00	
Individual Member		75.00	
Associate Member <i>(only for those employed by a current Firm/Business member)</i>		50.00	
Total Due			

Payment Information

Check <i>Make payable to SC Workers' Compensation Educational Association</i>			
Credit Card <i>Please check one</i>	<input type="checkbox"/> Mastercard	<input type="checkbox"/> VISA	
Name on Card			
Card #		Expiration Date (mm/yy)	
Mailing Address*			
City State Zip			
Authorized Signature			

* If the member address above is not the credit card billing address.

SCWCEA Federal Tax ID # 57-0720496. While 100% of your membership investment in SCWCEA may be deductible as an ordinary business expense, it is not deductible as a charitable contribution.

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