



South Carolina Workers' Compensation Educational Association

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"/>	Legal	<input type="checkbox"/>	Medical	<input type="checkbox"/>	Rehabilitation	<input type="checkbox"/>	Risk Management	<input type="checkbox"/>	Human Resources	<input type="checkbox"/>	Insurance
<input type="checkbox"/>	Other <i>please specify</i>										

Annual Dues

For organizations with more than 5 members, please contact the SCWCEA office for special membership packages.

Type	Quantity	Amount	Subtotal
Firm Business Member		\$150.00	
Individual Member		75.00	
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* <i>where statements are received</i>			
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.