



LATINO COMP

A LATINO/A ASSOCIATION OF WORKERS' COMPENSATION PROFESSIONALS

MEMBERSHIP/RENEWAL FORM

All prospective members of LatinoComp are required to complete this registration form. Indicate any changes; Membership runs from January 1st – December 31st. [] NEW MEMBERSHIP [] RENEWAL [] Changes for directory?

SECTION 1: MEMBER CONTACT INFORMATION

Form with fields for TITLE, NAME, COMPANY, ADDRESS 1, ADDRESS 2, CITY, ZIP CODE, JOB TITLE, MAIN TELEPHONE, WORK TELEPHONE, MOBILE PHONE, PRIMARY EMAIL, SECONDARY EMAIL, WEBSITE.

*Star the e-mail and phone number you would like listed in the directory Primary email will have access to www.latinocomp.org website

SECTION 2: MEMBERSHIP TYPE & PAYMENT DETAILS

For Membership descriptions see website https://latinocomp.org/members

Table with columns: MEMBER TYPE, DESCRIPTION, MEMBERSHIP DUES (Annual), Please Check. Rows include GENERAL, GROUP, STUDENT/RETIRED, JUDGES, PAYMENT METHOD, and CREDIT CARD DETAILS.

SECTION 3: MEMBER INFORMATION

Form with fields for OCCUPATION / STATE BAR NUMBER, WCABs, other organizations, meeting/event participation, committee service, and photographic image permission.

To pay online: Go to https://squareup.com/store/latinocomp

To pay by check: Send a check made payable to LatinoComp, PO Box 32570, Los Angeles, CA, 90032

Regardless of payment method used, please make sure to send a copy of your membership form to admin@latinocomp.org or fax to (323) 927-1973. Any questions please call (916) 267-1129

Date: _____ Signature: _____

SOCIALIZE WITH US - LatinoComp Social Media Pages

Facebook (you must like our page http://www.facebook.com/LatinoComp to receive notifications)

LinkedIn (you must follow our page https://www.linkedin.com/company/latinocomp to receive notifications)