



Professionals In Workers' Compensation
P.O. Box 3837
Pinedale, CA 93650
Tax ID: 20-8017117

2024 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)** **\$30.00**
Includes: Discounted educational and social events.

_____ **Corporate Membership (up to 15 individuals)** **\$250.00**
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)** ~~**\$400.00**~~
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. **\$250.00**
Limited Time Offer
1/1/24-2/13/24

2024 TOTAL PAYMENT AMOUNT ENCLOSED: \$ _____

Make checks payable to: PIWC, PO Box 3837, Pinedale, CA 93650

You may also pay online at our website

www.piwcfresno.com/members