



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

2025 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. _____

Choose the Membership type that fits your company's needs. If your company is a member of PIWC an individual membership is not needed. Companies with 2 or more employees will need to purchase the Corporate or Platinum membership. In order to be considered for presenting at upcoming events you must be a Platinum Member. Platinum Members are given priority to speak at our educational events.

_____ 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 (Early bird special through 2/13/25)**

2025 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