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<http://www.wccp.org>  
 FEIN 65-0156279

WORKERS' COMPENSATION  
 CLAIMS PROFESSIONALS

### Membership Application

**Thank you** for your interest in the **Association of Workers' Compensation Claims Professionals**. To join the Association, select the appropriate membership level, complete the application and payment form, and mail or fax to the above address. Please write legibly.

**You may also charge your membership Online! Just go to <http://www.wccp.org>**

\_\_\_ **Adjuster/Nurse Case Manager**  
 1 - 9 Memberships \$45.00 each/year  
 \*10 or more Memberships \$40.00 each/year  
 (\*Only when all memberships are paid at one time.)

\_\_\_ **Associate Member**  
 \$100.00 Membership each/year  
 (Non-Adjuster/RN Claims, Medical or Risk Professionals)

Name: \_\_\_\_\_ License #: \_\_\_\_\_ Compliance Date: \_\_\_\_\_  
 (Exactly as it appears on your license) (Mo / Yr)

Preferred Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Bus Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

\*Email Address (please include): Business \_\_\_\_\_ Personal \_\_\_\_\_

(\*As a service to our members, WCCP will email special announcements, newsletters, notice of employment or career opportunities, case law updates, and other important information. Please include personal and/or business email address.)

**Payment must accompany application. Please choose from one of the following options:**

- \_\_\_ **Check** (please mail with application to the above address)
- \_\_\_ **Credit Card (Visa, MC, AmEx)** (please complete the Credit Card Authorization below and fax or mail with application to the above address or fax number)

#### Charge Card Authorization

Name (As it appears on your card): \_\_\_\_\_

Billing Address for Card: \_\_\_\_\_  
 Street or P.O. Box City State Zip

Credit Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ \*\*Email: \_\_\_\_\_

(\*\*For credit card charges, email address is mandatory. You'll receive an email receipt immediately upon processing\*\*)

(Note: NSF checks will be charged a \$30.00 fee. See the WCCP website for more information on NSF and refund policy.)

OFFICE USE ONLY					
Check#	CC	Date	Personal - Employer	Database	Ack File