



SOUTHERN ASSOCIATION OF WORKERS' COMPENSATION ADMINISTRATORS

ASSOCIATE MEMBERSHIP APPLICATION

The Southern Association of Workers' Compensation Administrators is pleased that you share our belief that strong educational programs are essential to the success of the workers' compensation environment and invites you to become an Associate Member.

Membership in SAWCA demonstrates your support of the jurisdictional members, provides you with convention discounts, newsletters, preferred industry status and more. Payment may be made via online registration at www.sawca.com or by check made payable to "SAWCA" and mailed along with this form to:

SAWCA
P.O. Box 910373
Lexington, KY 40591

*Pursuant to the Constitution of the Southern Association of Workers' Compensation Administrators, the undersigned hereby applies to be admitted to **Associate Membership**. Annual dues are \$250.00. (Oct. 1, through Sept. 30).*

INDIVIDUAL NAME: _____ TITLE: _____

CORPORATE NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

PHONE NUMBER (____) _____ FAX NUMBER(____) _____

EMAIL ADDRESS: _____

Signature: _____ Title: _____ Date: _____

For questions regarding this application & invoice contact Gary Davis at (859) 219-0194 / gary.davis@sawca.com.

EXECUTIVE COMMITTEE MEMBER JURISDICTIONS

**ALABAMA / ARKANSAS / DELAWARE / DISTRICT OF COLUMBIA / FLORIDA / GEORGIA / KENTUCKY
LOUISIANA / MARYLAND / MISSISSIPPI / NEW MEXICO / NORTH CAROLINA / OKLAHOMA
SOUTH CAROLINA / TENNESSEE / TEXAS / VIRGINIA / VIRGIN ISLANDS / WEST VIRGINIA**

SAWCA ADMINISTRATIVE SERVICES
P.O. Box 910373, Lexington, KY 40591, PH: (859) 219-0194, FAX: (859) 219-0170
Website: <http://www.sawca.com>