

**NATIONAL ASSOCIATION OF WORKERS' COMPENSATION JUDICIARY - Membership Application**

**Membership Registration Fees**

- Member \$75** (Limited to Workers' Compensation Adjudicators & Administrative Officials)
- More than 5 Members \$60 Each** (enter quantity below)
- Associate Member \$250** (Attorney, etc.)

**CONTACT INFORMATION**

Full Name:	
Governmental Agency or Court:	
Title:	
Business Mailing Address:	
City:	
State:	
Zip:	
Telephone Number:	
Fax Number:	
Email Address:	
Judiciary Number:	
CLE Number:	
State/Jurisdiction/Association:	

**Referred By:**

- NAWCJ Member
- NAWCJ Associate Member
- Other Specify: \_\_\_\_\_

**What position do you hold?**

- Judiciary Specify: \_\_\_\_\_
- Attorney
- Other Designate: \_\_\_\_\_

**CHECK HERE if submitting more than 5 applicants.**

**Enter # Applicants** \_\_\_\_\_ **Enter Total \$** \_\_\_\_\_ (\$60 x #Applicants)

**IMPORTANT: You must submit the form above for each applicant you are reisingtering.**

Contributions, gifts, or dues to the National Association of Workers' Compensation Judiciary are not deductible as charitable contributions for federal income tax purposes.

**Make Checks Payable To:**

The National Association of Workers' Compensation Judiciary, Inc.  
FEIN # 26-4598530

**Mail completed registration form and check to:**

The National Association of Workers' Compensation Judiciary, Inc.  
P.O. Box 200  
Tallahassee, FL 32302-0200

or FAX form, with payment information to: 850-521-0222.