

Membership Application



SCWCEA

South Carolina Workers' Compensation Educational Association

Please check one

New Member Renewal

First Name

Last Name

Organization Name

Mailing Address

City | State | Zip

Phone

Fax

email

Referred by

ANNUAL DUES

Please complete one application for each member.

Individual Membership \$100.00

PAYMENT INFORMATION

Check made payable to SCWorkers' Compensation Educational Association

Mastercard **Visa**

Please check the circle below that most closely describes your involvement in workers' compensation:

- Adjuster
- Case Manager
- Claimant Attorney
- Defense Attorney
- Employer
- Government
- HR Professional
- Insurance Company
- Interpretation/Translation
- Investigative
- Medical Provider
- Medical Office Administrator
- Nurse
- Paralegal
- Physical Therapist
- Physician
- Rehab Provider
(medical and vocational)
- Risk Manager
- Third Party Administrator
- Transportation
- Other *please specify*

Name on Card

Card Number

Expiration Date (mm/yy)

Address where statements are received (if not the same as above)

City | State | Zip

SCWCEA Federal Tax ID# 57-0720496. Deadlines to receive member discounted rates at Annual Educational Conference are **March 31** (renewals) and **July 1** (new members).