

Membership Application

Please email the completed form to info@ccwcworkcomp.org or mail to CCWC 1415 L Street, Suite 1000 Sacramento, CA 95814

General Information

Organization _____

Primary Contact _____ Title _____

Mailing Address _____ Suite _____

City _____ State _____ Zip _____

Phone _____ Email _____ Website _____

Annual Membership Dues

Membership dues are based on number of employees.

Membership Type	Total Number of Employees	Annual Dues
<input type="radio"/> Small Organization	Under 100	\$370
<input type="radio"/> Medium Organization	100-499	\$625
<input type="radio"/> Large Organization	500-4,999	\$750
<input type="radio"/> Big Organization	5,000-9,999	\$1,000
<input type="radio"/> Big Organization Tier 2	10,000+	\$2,000

Method of Payment

Check
 American Express
 MasterCard
 Discover
 Visa

Card # _____ Exp. Date _____ CVC _____

Name _____ Signature _____

Billing Address _____ Date _____

* California Coalition on Workers' Compensation (CCWC) is a California mutual benefit corporation exempt under IRS Code 501c(6). Contributions or gifts to CCWC are not tax deductible as charitable contributions. Pursuant to Federal Law, we must notify you that 20% of your dues are for lobbying expenses and are not tax deductible. For further information, please consult your tax advisor.

** Contributions to the CCWC PAC are voluntary and non-tax deductible. CCWC PAC ID# 841219