

Join Your Colleagues...

Join the
NORTHBAY
Workers' Compensation Association!

- ✓ **Educational luncheons & seminars**
Such as medical & legal issues, risk management & regulatory issues
- ✓ **Discounted fees at all meetings, seminars & events for members**
All employees of member companies enjoy member rates – usually held 2nd Tuesday of each month at 11:30 a.m.
- ✓ **QME & MCLE Credits, Professional CEUs**
- ✓ **Networking opportunities**
- ✓ **New client opportunities**
- ✓ **Professional involvement**
- ✓ **Stay current with legislation & regulations**
- ✓ **Fun events such as the Annual Summer Event & Holiday Party**

Complete the application...and join us today!

NORTHBAY
Workers' Compensation Association

MEMBERSHIP APPLICATION

COMPANY: _____

Contact person: _____

(This is the person who will receive dues announcements.)

EMAIL ADDRESS: _____

MAILING ADDRESS: _____

CITY: _____ **ZIP:** _____ **PHONE #:** _____

SPONSOR: _____ **PHONE #:** _____

(Sponsor must be a Member)

HAVE YOU RECEIVED A COPY OF THE BYLAWS? (Circle one) **Yes** **No**

MEMBERSHIP (**prorated after March, please contact NBWCA for prorated fees*):

_____ **Organizations of 1-10 employees is \$100* plus a \$25 initiation fee for first-time members for a total of \$125.00.**

_____ **Organizations of 11 or more employees is \$200* plus a \$25 initiation fee for first-time members for a total of \$225.00.**

Membership is individual or company. **A Company membership entitles each employee of the company to the rights and benefits of membership.** But said company shall have only one vote insofar as any voting privileges are concerned.

Members shall have these voting privileges and shall have the right to hold an office on the board of directors. Members are entitled to membership rights as appropriate for educational presentations, for monthly luncheons, seminars and social events.

YOUR TERM OF MEMBERSHIP WILL BE ACTIVE THROUGH THE END OF THE CALENDAR YEAR IN WHICH YOU APPLIED FOR MEMBERSHIP. Your contact person will be placed upon our mailing list. Additional employees will be placed on our mailing list for direct contact as you so advise.

NATURE OF YOUR BUSINESS: _____
(i.e., medical, attorney, claims, third party administrators, investigation, voc rehab, insurance, self-insured entity, municipality, etc.)

IRS #: 68-0253470.

SUBMIT THE APPROPRIATE FEE WITH YOUR APPLICATION VIA CHECK
OR [PAY VIA PAYPAL BY GOING HERE](#)
WRITTEN ACKNOWLEDGMENT OF MEMBERSHIP ACCEPTANCE WILL BE SENT TO YOU.

Mail applications to
NBWCA, PMB 234, 1275 – 4th street, Santa Rosa, CA 95404
OR
Email PDF of completed application to: **NBWCA.mail@gmail.com**
Questions regarding dues payments should be directed to **NBWCA.mail@gmail.com**