



CWCDAA

California Workers' Compensation Defense Attorneys' Association

2017 Membership Application

ABOUT THE CALIFORNIA WORKERS' COMPENSATION DEFENSE ATTORNEYS' ASSOCIATION

The California Workers' Compensation Defense Attorneys' Association, Inc. (CWCDAA) is a federation of California attorneys engaged in the private practice of workers' compensation law on behalf of employers and their insurance companies. The highest quality of continuing legal education is offered in specialized areas of law as well as an opportunity for our members to come together to address the critical issues within our profession. Founded in 1979, our mission is to provide California employers and their insurance companies with the highest quality of specialized legal representation before the California Workers' Compensation Appeals Board.

Association bylaws permit membership to individual attorneys, duly licensed and actively engaged in the private practice of law in the State of California, who devote a substantial part of their practice to representation of employers and insurance carriers in workers' compensation litigation in California. For more information, please contact StageOne Events at 925.240.9160

APPLICATION

I hereby make application for membership in the California Workers' Compensation Defense Attorneys' Association (CWCDAA) and, if accepted, agree to abide by its Bylaws and support its objectives and interests and to pay such dues as may be established for membership.

MEMBERSHIP INFORMATION

Membership Type: Membership Renewal (\$249.00) New Member* (\$150.00) – Attorneys* that have not been a CWCDAA member in the last 5 years

Dues to CWCDAA are not deductible as a charitable contribution but may be deductible as an ordinary and necessary business expense.

GENERAL INFORMATION

(Please type or print – no abbreviations please)

Name of Applicant _____ Bar # _____

I can best be described as Managing Attorney Partner/Shareholder Associate Attorney Staff Council

Firm Name _____

Address _____

City _____ State _____ Zip _____

Office Phone _____ Direct _____

Cell _____ Fax _____

Email _____

OPTIONAL INFORMATION

What other organizations are you a member of: _____

Are you interested in serving on: The CWCDAA Board A Committee or Sub-Committee

Can you think of anyone we should send a Membership Invitation to? _____

FOR CREDIT CARD PAYMENT, PLEASE COMPLETE

Credit Card Type: Visa MasterCard (we do NOT accept AmEx) Total Authorized \$ _____

Card # _____ Exp _____ 3 Digit Security Code (on back of card) _____

Name on Card _____

Billing Address/State/Zip _____

By signing below I authorize the CWCDAA and/or its agents to charge my card for the amount indicated and/or the total amount of the boxes that I have checked. I also authorize corrections to this form and the total to be charged should I not qualify for one or more of the options I have chosen.

Card Holder Signature _____ Date _____

COMPLETED FORMS

Please mail, fax or email your completed form using the information below. Please make checks payable to: "CWCDAA"

StageOne Events
2205 Rippey Rd., #529
Penryn, CA 95663

Email: cwcdaa@gmail.com
Tel: 925.240.9160
Fax: 925.396.6150

FOR OFFICE USE ONLY

Date Received _____ Amount _____ Check Number _____ Date Entered _____ Entered By _____

Notes