



Mid-South Workers' Compensation Association  
P.O. Box 172065  
Memphis, TN 38187-2065

**2017 MEMBERSHIP APPLICATION**

**Please Print:** (This information is used for monthly mailers and membership directories)

Please check one: \_\_\_\_\_ New Member \_\_\_\_\_ Renewal Membership

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Description of Business: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Who referred you to the MSWCA?** \_\_\_\_\_

\*\*\*Membership is \$50.00 per individual per fiscal year January through December.

Thank you!

**Note: This membership is valid at all three chapters of the MSWCA**

Make check payable to: Mid-South Workers' Compensation Association  
Attn: Secretary  
P O Box 172065  
Memphis, TN 38187-2065

Please check here (\_\_\_) if you need a receipt.

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**FOR MSWCA USE ONLY**

Date: \_\_\_\_\_ Check No.: \_\_\_\_\_

Treasurer: \_\_\_\_\_ Secretary: \_\_\_\_\_