



Membership Application

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Current Employer: _____

I have completed five years as a Hearing Rep: _____

I have appeared before the WCAB 500 times or more: _____

I have completed a Disability Rating course: _____

I have completed a comprehensive WC Claims Law course: _____

I am an active member of AHRC: _____

I have completed the WCCA core curriculum: _____

I have completed an Ethic's course/seminar: _____

Plus 100 points from the following:

Workers Compensation related course or seminar (15 pts per day or course) _____

Law School attendance (2 years or more) (5 pts per year) _____

WC Claims Experience (2 years or more) (5pts per year) _____

Completion of a Paralegal course (5pts per year) _____

AHRC meetings: 10 pts each: _____

JAN/FEB/MAR/APRIL/MAY/JUNE/JULY/AUG/ SEPT/OCT/NOV/DEC

TOTAL PTS: _____

I declare under penalty of perjury that the above is true and correct,

By: _____ dated _____