



### Membership Renewal Application

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Current Employer: \_\_\_\_\_

Years as a Hearing Rep: \_\_\_\_\_ Number of appearances last year: \_\_\_\_\_

Since last Certification: (60 points from the following)

Law School (5 pts) \_\_\_\_\_

Paralegal School (5pts) \_\_\_\_\_

One year Hearing Representative experience (5pts) \_\_\_\_\_

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

1) \_\_\_\_\_ date \_\_\_\_\_

2) \_\_\_\_\_ date \_\_\_\_\_

3) \_\_\_\_\_ date \_\_\_\_\_

I have attended the following AHRC meetings:

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

TOTAL PTS: \_\_\_\_\_

I have completed an Ethic's course/seminar: \_\_\_\_\_

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

By: \_\_\_\_\_ dated \_\_\_\_\_