

**SOUTHERN ASSOCIATION  
OF  
WORKERS' COMPENSATION ADMINISTRATORS**

**APPLICATION FOR MEMBERSHIP**

**TO THE EXECUTIVE COMMITTEE:**

*Pursuant to the Constitution of the Southern Association of Workers' Compensation Administrators, the undersigned hereby applies to be admitted to Associate Membership. Annual dues are \$250.00 (October 1 through September 30)*

INDIVIDUAL NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

CORPORATE NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

TEL: NUMBER (\_\_\_\_) \_\_\_\_\_ FAX NUMBER (\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**Please make check payable to "SAWCA" and return form and check to:**

**SAWCA  
Administrative Services Office  
P.O. Box 910373  
Lexington, KY 40591**

My Interest in Workers' Compensation is:

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

EXECUTIVE COMMITTEE-MEMBER JURISDICTIONS

ALABAMA-ARKANSAS-DELAWARE-FLORIDA-GEORGIA-KENTUCKY-LOUISIANA-MARYLAND-MISSISSIPPI-  
NEW MEXICO-NORTH CAROLINA-OKLAHOMA-SOUTH CAROLINA-TENNESSEE-TEXAS-VIRGINIA-  
VIRGINISLANDS-WASHINGTON DC-WEST VIRGINIA

STANDING COMMITTEES

ADJUDICATION / ADMINISTRATION & PROCEDURES / CLAIMS ADMINISTRATION / MEDICAL &  
REHABILITATION / MANAGEMENT OF INFORMATION SYSTEMS / SAFETY & LOSS PREVENTION / SELF-  
INSURANCE & INSURANCE

SAWCA ADMINISTRATIVE SERVICES

P.O. Box 910373 Lexington, KY 40591 / Phone (859) 219-0194 / Fax (859) 219-0170  
Website: <http://www.sawca.com>  
Gary.Davis@sawca.com