



Workers' Compensation Association of New Mexico

Workers' Compensation Association of New Mexico
3207 Matthew NE, Ste. A, Albuquerque, NM 87107

MEMBERSHIP REGISTRATION FORM

(FEIN) 85-0382452

September 1, _____ through August 31, _____

INVOICE

Member name: _____

Employer/organization name: _____

Mailing address: _____

City: _____ **State:** _____ **Zip code:** _____

Phone number: (____) _____ **Fax number:** (____) _____

Email address: _____ ****MANDATORY****

Your job title: _____

Type of membership: Renewal or New member

Membership registration fee: \$50 per person **\$ 50.00**

Optional donation to scholarship fund: **\$.00**

Invoice total: **\$.00**

How did you hear about us? _____

**This is the only invoice you will receive. If necessary, please retain a copy for your records.
If you are NOT paying online, please send this invoice along with your registration payment to:**

WCA of NM, 3207 Matthew NE, Ste. A, Albuquerque, NM 87107