



Workers' Compensation Association of New Mexico

Workers' Compensation Association of New Mexico
2900 Wellesley Dr. NE
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

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:

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2900 Wellesley Dr. NE
Albuquerque, NM 87107