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Protecting Injured Workers Since 2005

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___ **DIRECTOR:** \$250 per month, 12 month commitment*

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* Contributions may be paid monthly or quarterly. Director status is subject to the approval of the WCA Board of Directors.

† Includes recognition on WCA web site plus link to firm web site.

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PAYMENT

My check in the sum of \$_____ payable to Workers' Compensation Alliance is enclosed.