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Protecting Injured Workers Since 2005
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(check one)

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

_____ **SPONSOR**: \$200 per month, 12 month commitment*†

_____ **SUPPORTER**: \$125 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.