



Professionals in Workers' Compensation

P a r t n e r s I n L e a r n i n g

PORTLAND CHAPTER Membership/Sponsorship Application

Membership runs September 1 through August 31

Firm/Individual Name:	
Contact Person:	
Title:	
Address:	
Telephone:	Fax
E-mail address	

\$200 YEARLY SPONSORSHIP: Includes membership, advertising on our meeting flyer notifications, recognition at our Annual Holiday Meeting, and advertising opportunity on each table, five times a year. Please provide the copy.

MEMBERSHIP FEES

Fee Per Company: Sponsor & Membership: \$200.00 Membership Only: \$ 25.00	Amount Enclosed: \$ _____ (\$200 or \$25)
Tax ID # 93-1118994	Women in Workers' Compensation d.b.a Professionals in Workers' Compensation
PLEASE MAKE CHECKS PAYABLE TO:	Professionals in Workers' Compensation c/o Jennifer Flood 614 Ironwood Dr. SE Salem, OR 97306

For Sponsorship Opportunities or Membership Questions please contact Allison Johansen - 503-577-0388

onlinepwc.org

The mission of this organization is to advance and facilitate professionals in the fields of medical, human resources, safety, and insurance through education and networking.