



Membership Application

Name: _____
Address: _____
Telephone: _____
Fax: _____
E-mail: _____

By making this application, I hereby certify that I practice in the area of Workers' Compensation and that at least 70% of my Workers' Compensation practice is representing injured workers.

_____ Date _____ Signature

Annual Membership Fee	\$800	_____
Annual Listing for "Find a Lawyer Directory" on AALIW website	\$50	_____
	TOTAL	_____

Complete the application form and
mail it with check made payable to **AALIW** to:

AALIW
Attn: Javier Grajeda (javier@injuredworker.com)
Taylor & Associates
320 E. Virginia Ave
Phoenix, AZ 85004