AALIW
ARIZONA ASSOCIATION
OF LAWYERS FOR INJURED WORKERS

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 _____

TOTAL _____

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

AALIW
Javier Grajeda, Esq.
519 E Thomas Road
Phoenix, AZ 85012