

APPLICATION\*\* FOR MEMBERSHIP IN IOWA ASSOCIATION  
OF WORKERS' COMPENSATION LAWYERS, INC.

Name \_\_\_\_\_ Telephone Number ( ) \_\_\_\_\_

Firm Address \_\_\_\_\_ FAX Number ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Private Practice: Yes \_\_\_ No \_\_\_

E-Mail address: \_\_\_\_\_

Year admitted to practice \_\_\_\_\_ State \_\_\_\_\_

Number of years involved in workers' compensation cases \_\_\_\_\_

Percent of practice involved in workers' compensation cases \_\_\_\_\_

Number of cases filed or defended in last year \_\_\_\_\_

Number of Advisory Committee symposiums you have attended in the last five  
years \_\_\_\_\_; Number of IAWC Seminars you have attended \_\_\_\_\_

Have you given presentations on subjects involving workers' compensation? Yes \_\_\_\_\_

No \_\_\_\_\_ If yes, complete the following:

Sponsor of Seminar \_\_\_\_\_

Date \_\_\_\_\_

Topic \_\_\_\_\_

Additional information in support of your application: \_\_\_\_\_

References (including **at least** one current board member [see side bar of stationary])

Return your completed application to: IAWC  
P.O. Box 57520  
Des Moines, IA 50317

Fee: \$140.00/yearly **DO NOT SEND MEMBERSHIP FEE WITH THIS  
APPLICATION UNTIL ACCEPTED AS A MEMBER.**

Submitted by \_\_\_\_\_ Date \_\_\_\_\_

*The information furnished as a part of this application will be held in confidence.*

**\*\*See attached portion of the IAWC by-laws for the necessary qualifications of  
membership.**