

## AWC Associate Member Program – Apply for membership

Company name \_\_\_\_\_

Are you a: \_\_\_\_\_ Public agency/non-profit organization \_\_\_\_\_ Corporate organization

Number of employees: \_\_\_\_\_ 16 or more \_\_\_\_\_ Less than 16

### Contact information

Name \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Website \_\_\_\_\_

Facebook: \_\_\_\_\_ Twitter: \_\_\_\_\_

**In general, which of these choices best matches your decision to become an AWC Associate Member?**

#### Access to:

Employee Benefit Trust  
Risk Management Service Agency  
Workers' Comp Retro Program  
Drug & Alcohol Consortium  
GIS Consortium

#### Associate Member rates/discounts for:

AWC trainings and events  
AWC JobNet  
Exhibit at AWC Annual Conference, Labor  
Relations Institute, or other AWC events

#### Sponsorship opportunities with AWC

**Partnership opportunities** such as contributing columns for *Cityvision* magazine and/or co-authoring whitepapers with AWC staff or working on city-related projects through AWC's 501c3 Center for Quality Communities.

#### Other

**Briefly describe what your company does or the service you provide:**

Save the application. Email it to [associates@awcnet.org](mailto:associates@awcnet.org), or mail it to: AWC, 1076 Franklin Street SE, Olympia, WA 98501. Once your form has been submitted, an AWC staff member will contact you within 1-2 business days. Follow up questions, contact [associates@awcnet.org](mailto:associates@awcnet.org).