



WORKERS' COMPENSATION SECTION

THE STATE BAR OF CALIFORNIA

2009 Section Membership Renewal Form Workers' Compensation Law Section Annual Membership Dues: \$75.00

1. Complete the form and return it with a check
2. Include credit card information and return the form via fax to (415) 538-2368

Name: _____ State Bar # _____

Address: _____ City, State & Zip: _____

Phone: _____ Fax: _____ Email: _____

Make checks payable to: **The State Bar of California**, and mail to: **The State Bar of California, Section Enrollments, 180 Howard Street, San Francisco 94105** or FAX this form with credit card information to: **(415) 538-2368**. Credit Card (**Visa/MasterCard Only**)

I authorize the State Bar of California to charge my Section enrollment fee to my Visa or MasterCard account.

Account #: _____ Exp. Date: _____

Cardholder's Name: _____

Cardholder's Signature: _____