Yes, I'll Help!

☐ Please list me as a public supporter of **Workers' Compensation Action Network**

Please select a category:

☐ Organization ☐ Company ☐ Public Agency

☐ Individual ☐ Elected Official ☐ Injured worker

If you are joining as a company, public agency or organization, do you provide workers' compensation:

☐ Through a private insurance company
☐ Self-insured
☐ State Fund

Please complete the following information:

Company or Organization Name/Employer

Name Title/Occupation

Mailing address

City State Zip

Phone number Fax number E-mail Address

☐ Please e-mail updates

Fax this form to the Workers' Compensation Action Network at 916.554.3434