**WORKERS’ COMPENSATION   
LAWYERS ASSOCIATION**

2017 WCLA Dues Statement

Please complete this form in full. This is how your information will appear in the 2017 Directory. Please return this form with your check in the amount of **$200.00** payable to **WCLA, Ltd.**, and mail to:

**WORKERS’ COMPENSATION LAWYERS ASSOCIATION**

P.O. Box 3217

Oak Brook, Illinois 60522

Or you can pay online on our website - [www.wcla.info](http://www.wcla.info)

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\_\_\_\_\_\_\_Renewal \_\_\_\_\_\_\_New Member \_\_\_\_\_\_\_Senior (70+) Dues Waived

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