



Membership Renewal Application

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Current Employer: _____

Years as a Hearing Rep: _____ Number of appearances last year: _____

Since last Certification: (60 points from the following)

Law School (5 pts) _____

Paralegal School (5pts) _____

One year Hearing Representative experience (5pts) _____

Workers Compensation related course or seminar (15 pts per day or course)

1) _____ date _____

2) _____ date _____

3) _____ date _____

I have attended the following AHRC meetings:

JAN/FEB/MAR/APRIL/MAY/JUNE/JULY/AUG/ SEPT/OCT/NOV/DEC

TOTAL PTS: _____

I have completed an Ethic's course/seminar: _____

I declare under penalty of perjury that the above is true and correct,

By: _____ dated _____