



# CALIFORNIA APPLICANTS' ATTORNEYS ASSOCIATION

1303 J Street, Suite 420, Sacramento CA 95814 • 916-444-5155 • www.caaa.org

## MEMBERSHIP APPLICATION

DATE OF BIRTH\*: / /

\*HELP CAAA TRACK THIS IMPORTANT DATA

First Middle Last

Firm/Business Name

Mailing Address

City State Zip

Business Phone Fax

Email\* Website

Home Address

City State Zip

Home Phone Cell Phone

Name of Sponsor Chapter

Please do not list me in the CAAA Directory

## REGULAR ONLY

CA State Bar Number Admitted Month / Date / Year

Law School First year before the WCAB

% of Practice in Workers' Comp  None  UEBT  132a  4553

Do you handle Workers' Comp Defense Cases?

Other Areas of Practice

By joining CAAA as a Regular member, I certify that I am currently a nonrepresentative of insurance companies or self-insured employers in the defense of workers' compensation cases (with the exception of UEBT, 132a & 4553 cases). I must notify the CAAA state office if I no longer meet this criteria.

Signature (required) Date

## ASSOCIATE ONLY

Nature of Business

CA State Bar Number Law School

### Optional Demographic Info

Race:  Asian  Black/African American  Bi-racial/Multi-racial  Caucasian  Native American  Other \_\_\_\_\_  
Gender:  Female  Male

### RETURN COMPLETED APPLICATION TO CAAA:

Fax: (916) 444-7971 email: arobertson@caaa.org  
U.S. mail: 1303 J Street, Suite 420, Sacramento, CA 95814

## 2020 MEMBERSHIP DRIVE RATES!

**REGULAR MEMBER:** Attorney who represents injured workers before the WCAB and is currently a nonrepresentative of insurance companies or self-insured employers in the defense of workers' compensation cases; who is also a member in good standing with the State Bar of California and of good moral character is eligible for regular membership upon approval by CAAA's Board of Directors.

**New Regular:** never been a member of CAAA  
 \$350

**Special Welcome Back:** out of CAAA for over 2-yr or more  
 \$500

**If You Do Not Qualify for New or Welcome Back rates:**

- \$575 0 - 3 years before WCAB
- \$775 4 - 5 years before WCAB
- \$995 More than five years before WCAB
- \$750 Less than 1/3 of practice in workers' comp

**Sustaining Regular Member:** receive special recognition in bi-annual convention programs, special badge ribbon at conventions and notice of all Board of Directors' meetings for participation on a non-voting basis.  
 \$1250

**Patron Enhancement:** a law firm or individual applicant attorney of regular member status may enhance their membership with an additional contribution. Recognition includes special recognition in bi-annual convention programs & special badge ribbon  
 \$1300 Individual Patron  
 \$2500 Firm Patron

**ASSOCIATE MEMBER:** Any person who is not an applicants' attorney is eligible for associate membership upon approval by CAAA's Board of Directors.

**Special New or Welcome Back:** never been a member of CAAA or out of CAAA for over 2-yr or more  
 \$500

**Silver:** an individual who does not qualify as "New"  
 \$900

**Gold\*:** associate membership benefits for up to three individuals within the same company, recognition in bi-annual convention programs and special badge ribbon at conventions.  
 \$1550

**Platinum\*:** associate membership benefits for up to ten individuals within the same company, recognition in bi-annual convention programs and special badge ribbon at conventions.  
 \$2250

**Law Student:** proof of enrollment required.  
 \$100

\*Non-Transferable - no changes to appointed members during calendar year unless there is a staffing change

## PAYMENT INFORMATION

Amount \$
Check #
Credit Card*
Exp Date
CSV#
Billing Zip Code
Authorized Signature

\*Visa, MasterCard & American Express accepted

**CAAA does not refund any membership dues  
Dues renew on the calendar year**

## CONSENT TO USE OF ELECTRONIC TRANSMISSIONS

In accordance with Corporations Code §§20 and 5079 and the bylaws of California Applicants' Attorneys Association, a California Nonprofit Corporation (the "corporation"), the undersigned hereby agrees to the following:

1. The corporation may send meeting notices, annual reports, written ballots, and all other materials ("records") to me by electronic transmission at the e-mail address or facsimile number listed below.
2. The corporation may rely on communications sent by me to the corporation by electronic transmission from the e-mail address or facsimile number listed below for any purposes, including action by written consent and written ballots. I hereby certify that the corporation may reasonably conclude that I am the author of communications so sent.
3. The corporation may conduct a meeting of the members by electronic transmission.
4. I understand that I have the right to have all records provided or made available on paper or in nonelectronic form, but only if requested by me in writing. I also have the right to request that a meeting of the members be held at a physical location. Requested records shall be provided within a reasonable period of time.

Electronic transmissions may be sent and received as follows:

By e-mail: \_\_\_\_\_ *[insert email here]*

By facsimile: \_\_\_\_\_ *[insert fax number here]*

This consent shall remain in full force and effect until I revoke it in writing and so notify the corporation.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name