

**Injured Workers' of PA Application for Membership**  
PLEASE PRINT OR TYPE

Name \_\_\_\_\_

Mail Address \_\_\_\_\_

County \_\_\_\_\_ Zip \_\_\_\_\_

Day Time Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

- I am:     an injured worker.  
          family member or friend of an injured worker  
          supporter of the Federation of Injured Workers  
          Hardship Membership  
          Social Membership

Signature \_\_\_\_\_ Date \_\_\_\_\_

Membership of twelve dollars (**\$12.00**) good for one calendar year to Injured Workers of PA.

.....

PLACE  
STAMP  
HERE

**Injured Workers of PA**  
**P.O. Box 13213**  
**Reading, PA 19612**

.....

**Mission Statement:**  
**“To Eliminate  
Prejudices & Injustices  
Against Injured  
Workers”**