

PENNSYLVANIA FEDERATION OF INJURED WORKERS

Name _____

Address _____

City & State _____

County _____ Zip Code _____

Phone _____ E-mail _____

I am: an injured worker.

a family member or friend of an injured worker.

a supporter of the PA Federation of Injured Workers

I agree to support the rights of the injured workers to receive the benefits guaranteed by law, to work with other injured workers to overcome the challenge presented by the worker's compensation system, and to work with the Pennsylvania Federation of Injured Workers by helping injured workers deal with their physical and emotional needs.

Signature _____ Date _____

(Membership of twelve dollars (\$12.00) is good for a 12-month membership.)
(Please mail to the address above.)