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# **EMPLOYERS' FRAUD TASK FORCE**

**Preserving the Integrity of Our Workers' Compensation System**

- New Membership Application**
- Membership Renewal**

Name of Company \_\_\_\_\_  
 Name of Contact \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_  
 Cell \_\_\_\_\_  
 Type of Business \_\_\_\_\_  
 How did you hear about us? \_\_\_\_\_

- YES, I WOULD LIKE TO BE A MEMBER AND SUPPORTER OF THE EMPLOYERS' FRAUD TASK FORCE.**

Authorized Signature \_\_\_\_\_  
 Title \_\_\_\_\_  
 Today's Date \_\_\_\_\_

**Supporting Membership Dues**  
 (12 months membership effective acceptance date)

- \$125.00 Small Business or Individual**
- \$300.00 Public Agency**
- \$750.00 Corporate/Business**
- \$1,000.00 Insurance Company**

*Send this form (Please include your business card)*  
 Along with check made Payable to:  
**EMPLOYERS' FRAUD TASK FORCE**  
**5753-G E. Santa Ana Canyon Road #168**  
**Anaheim Hills, CA 92807**

-----Please do not write below this line-----  
 Date Accepted \_\_\_\_\_

Phone/Fax 714.637.3350  
[www.fraudtaskforce.com](http://www.fraudtaskforce.com)