

Canadian Injured Workers Society - Membership Application

Mission Statement: To promote fair and equitable compensation for injured workers in Canada, to address the mistreatment of injured workers and to voice the common concerns of injured workers across Canada. Membership fees are \$20 for an individual, \$25 for a family residing at the same address, and \$80 for an Associate Membership for groups. **Please return your completed application and copies of two pieces of identification** (Driver's Licence, Medicare, Birth Certificate, or copy of WCB correspondence) to ciws@ciws.ca or fax to 506-433-1355 or mail to our head office at PO Box 422, Hastings, ON, K0L 1Y0. Payments can be made via PAYPAL from the CIWS website or by Email Transfer to ciws@ciws.ca or send CHEQUE payable to the Canadian Injured Workers Society to our head office: PO Box 422, Hastings, ON, K0L 1Y0. For more information email ciws@ciws.ca

Applicant's Name: (PLEASE PRINT) _____

Name of other Applicants living at the same address: (for family membership) (PLEASE PRINT)

Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Phone: _____ **Fax:** _____

E-mail: _____

Web site (if applicable): _____

Province of Compensation Claim (if applicable) _____

Claim No. (if applicable) _____

Employer at time of Injury (if applicable): _____

If this is not your claim, what is your relationship to the claimant (ie spouse) _____

Are you an Advocate for Injured Workers? _____

If so, do you receive any form of remuneration for your work as an Advocate? _____

Please read this agreement carefully before you register. By signing below: I agree that I have read the by-laws of the Canadian Injured Workers Society, and that I agree to abide by them. I am not in a conflict of interest regarding the best interests of injured workers or the goals of the society. I hereby also declare I will never reveal information from the forums to any Worker's Compensation Agency or any other agency or anyone who will divulge information gathered here to a Worker's Compensation Agency. I agree that the webmaster, President or elected officials of the Canadian Injured Workers Society have the right to remove, edit, move or close any topic at any time (should they see fit) from or on the CIWS web site. I agree to abide by the forum rules as posted on the main CIWS web site. I agree with the society's mission statement as stated above and I agree with the principles within it.

Signature: _____

Date: _____

Additional Family Member's Signatures: _____

++ Please note – Anyone who fabricates information, including but not limited to a WCB Claim and claim number, will be charged with fraud. No one may request admittance if they intend on sharing someone else's private information without express written consent of that member. Written shall mean hand written and include a signature. For further information please refer to the CIWS by-laws.