

Pennsylvania Federation of Injured Worker's Membership Form

Pennsylvania Federation of Injured Workers
Lehigh Valley Chapter
1005 Hanover Avenue
Allentown, PA 18109

Dauphin County Chapter
27 Rose Avenue
Middletown, PA 17057

Step 1. When filled out the form cannot be saved so print it out as soon as you fill it out.

Step 2. After you select the Print Form button make sure you select your printer from the printer list.

Step 3. Mail the form to the P.F.I.W. Chapter you want to join.

Date:	<input type="text"/>	<input type="radio"/> New Membership	<input type="radio"/> Renew Membership
Name:	<input type="text"/>	Phone:	<input type="text"/>
Address:	<input type="text"/>	Cell Phone:	<input type="text"/>
City:	<input type="text"/>	E-mail:	<input type="text"/>
State/Province:	<input type="text"/>		
Zip/Postal Code:	<input type="text"/>		

- I am an Injured Worker
- I am an Injured Worker Family Member
- I am an Injured Worker Supporter

Comments:

"An Injury To One Is An Injury To All"