



Statement of Intent

The undersigned applicant declares its intent to become a member of the ***Workers' Compensation Trust of Illinois***.

The ***applicant agrees to make a deposit of Five Hundred (\$500) dollars***. This amount will be held by the Trust and applied to the first year's contribution if the applicant is accepted for membership. If the applicant is not accepted for membership by the Board of Trustees, this deposit will be returned. If the applicant subsequently decides not to join the WCTI, this deposit will not be returned.

Date:	
Applicant:	
By:	
Title:	

Please submit this Statement of Intent and your deposit check (payable to: Workers' Compensation Trust of Illinois) to:

Workers' Compensation Trust of Illinois
2. E. Main St. Suite 208
Danville IL 61832

Attn: Program Coordinator