



Application for Membership

Date: _____

Membership Category: _____ (please select one below)

ACTIVE Any person, firm, public entity, or corporation organized to or which conducts a business, whether or not for profit, and which is a self-insurer.

PROFESSIONAL Any person, firm, business, or corporation which provides workers' compensation related services to or which represents self-insurers.

AFFILIATE Any association or group of employers which is a recognized self-insurer or the parent or subsidiary of a corporation affiliated with an active member or former self-insured.

Company Name: _____

Nature of Business: _____

Applicant Name: _____

Street Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

All Membership Dues Categories per company = \$350 per year

Referred by: _____ (if applicable)

Applicant Signature: _____

Make checks payable to: New York Self-Insurers Association and send to address below

Credit Card payment:

Card Number: _____ Type of Card: _____ CVV: _____

Cardholder Name: _____ Expiration Date: _____