

West Virginia Self-Insurers Association

Post Office Box 1573
Charleston, West Virginia 25326
Tax ID# 55-0654337

MEMBERSHIP APPLICATION



COMPANY _____
please print or type

ADDRESS _____

CITY _____ STATE _____ ZIP _____

REGULAR MEMBERSHIP - Regular membership in the West Virginia Self-Insurers Association offers firms, corporations, and individuals an active voice as a self-insurer under the West Virginia Workers' Compensation law. Regular members may vote on the membership of the Board of Managers at each annual meeting. Additionally, only regular members may vote on the Association's constitutional and business issues.

<u>EMPLOYEES</u>	<u>DUES</u>
Less than 1000	\$500
1,000 - 1,999	\$700
2,000 - 3,999	\$800
4,000 and up	\$900

ASSOCIATE MEMBERSHIP - Associate membership is available to regular subscribers, including firms, corporations and individuals representing self-insurers in workers' compensation matters in West Virginia.

ASSOCIATE MEMBERSHIP \$300

Name of Designated Representative _____

Email (if applicable) _____

Telephone Number _____ Fax Number _____

Number of West Virginia Employees _____ Membership Dues _____
(see chart above)

Date _____

Please send checks payable to **West Virginia Self-insurers Association**, along with this form, to Post Office Box 1573, Charleston, West Virginia 25326

WWSIA Tax I.D. No. 55-0654337