

## MEMBERSHIP APPLICATION

COMPANY \_\_\_\_\_

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.

**EMPLOYEES**

**DUES**

Less than 1000.....	\$600
1,000 - 1,999.....	\$800
2,000 - 3,999.....	\$900
4,000 and up.....	\$1000

**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** ..... \$350

Name of Designated Representative \_\_\_\_\_ Job Title \_\_\_\_\_

Email \_\_\_\_\_

Telephone Number \_\_\_\_\_ Mobile Number \_\_\_\_\_

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

Date \_\_\_\_\_

( ) Enclosed is my check made payable to WVSIA in the amount of \$ \_\_\_\_\_

( ) Please charge the following: ( ) Visa ( ) MasterCard in the amount of \$ \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Card in the Name of: \_\_\_\_\_

Signature: \_\_\_\_\_

Please send form and check payable to West Virginia Self-Insurers Association to: PO Box 1573, Charleston, WV 25326  
Email form with credit card info to: [jfbowen@suddenlink.net](mailto:jfbowen@suddenlink.net) or fax to 304-345-6846

**Alternate Contacts:**

Name	Emails
_____	_____
_____	_____
_____	_____