

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.

<u>EMPLOYEES</u>	<u>DUES</u>
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 _____

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 checks payable to West Virginia Self-Insurers Association,
along with this form, to Post Office Box 1573, Charleston, West Virginia 25326