National Council of Self Insurers
P.O. Box 98248, Des Moines, WA 98198
PH: 206.409.6995; FAX: 206.212.9488
E-mail: dave.kaplan@natcouncil.com - www.natcouncil.com

Application for Membership

Company or Organization:_____

Designated Representative:_____
Name **Title**

Address:_____

_____

Telephone: ( )_____**Fax:** ( )_____**Email**: _____

Class of Membership	*Dues Structure*
_____ **State Self-Insurers Association**……..	$6.00 per member
_____ **Individual Self-Insured Company**	
Over 10,000 employees……...…….	$600.00
5,000 – 9,999…….…….	$500.00
3,000 – 4,999……..…	$400.00
Under 3,000…….……..	$300.00
_____ **Group Self-Insurer**……...	$475.00
_____ **State Self-Insurance Guaranty Fund**…….……..	$475.00
_____ **Professional Member Serving Self-Insurers**……...	$500.00

_____ Attorney
_____ Service Company or Agency
_____ Other Brief description of services:_____
_____

F**or additional persons within your organization to receive notices and mailings ($50.00 each):**

Name:_____Title:_____

Address:_____Email:_____

Payable by Check or Charge:

_____Please find enclosed a Check in the amount of $_____

_____Please charge the amount of $_____ to the following:

( ) Visa ( ) MasterCard ( ) American Express

Credit Card Number:_____ Expir. Date:_____ CSV_____

Card in the Name of:_____

Billing Address _____

Signature:_____

TIN No: 13-6178921