

Application for Membership

Date: _____

Membership category (see below): _____

Company _____

Street Address (principal office) _____

City, State, Zip _____

Phone, Fax, Email _____

Nature of business in New York State _____

Average no. of employees in New York State _____

Note: if applying for Associate membership, indicate number of persons employed by companies you represent; one-half the number will be used to determine membership classification for dues purposes

Number and location of facilities in New York State _____

Name and address of person in charge of New York State: _____

Self- insurance _____

Disability benefits: _____

Amount of dues remitted with this application (see below): \$ _____

If first year's membership does not coincide with NYSIA fiscal year, dues will be prorated.

Referred By _____ Applicant Signature _____

If you have any questions regarding membership, please contact Heidi Mahoney, NYSIA Secretary, phone: 716-668-0822; fax: 716-668-5035; e-mail: secretary@nysselfinsurance.com. Make checks payable to: New York Self-Insurers Association, and mail application to the address at the top of this page or charge to your credit card:

Card Number _____ Cardholder Name _____

Expiration Date _____ Type of Card (VISA, MasterCard, Discover, AMEX) _____

DUES SCHEDULE			
Membership Classification	Average Number of Employees	Active	Active (Not For Profit) Public Entity Affiliate
CLASS I	Over 10,000	\$ 1050.00	\$ 525.00
CLASS II	5,000-9,999	875.00	437.50
CLASS III	3,000-4,999	700.00	350.00
CLASS IV	1,000-2,999	525.00	262.50
CLASS V	1-999	350.00	175.00
PROFESSIONAL			350.00