

## 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](mailto: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)

<b>DUES SCHEDULE</b>			
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