



MEMBERSHIP APPLICATION / RENEWAL 2017

Thank you for your interest in membership. The future of the Pennsylvania Self-Insurers' Association depends on the support from its members. Strength in numbers. Strength in know-how. Strength in unity.

SELF-INSURED MEMBERS

Are you currently a certified self-insured employer in the state of Pennsylvania? If so, you are a Self-Insured Member.

Self-insured members are companies, corporations, or private or public entities who are currently certified self-insurers as approved by the Pennsylvania Bureau of Workers' Compensation.

Number of Pennsylvania Employees	Annual Dues
Over 10,001	\$800
7,501 - 10,000	\$600
4,501 - 7,500	\$450
3,501 - 4,500	\$350
1,001 - 3,500	\$275
501 - 1,000	\$250
1 - 500	\$150

For the purpose of voting, member organizations (only Self-Insured and Self-Insured Affiliate Members) are to indicate on this form who their designated voting member representative is at the time of dues payment.

Name: _____

Title: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____ Phone: _____

Designated Voting Member: _____

Type of Payment (Circle One): PayPal Check

If you wish to pay by check, please fill out this form and mail it to the address below:

Make checks payable to PSIA and mail to:
Pennsylvania Self-Insurers' Association
P. O. Box 543
Pottstown, PA 19464

Information about additional Self-Insured and/or Self-Insured Affiliate Representatives included on reverse side.



PENNSYLVANIA SELF-INSURERS' ASSOCIATION

ADDITIONAL REPRESENTATIVES:

Please complete the contact information below for others from your organization to receive e-mail blasts, newsletter and mailings. This is for Self-Insured or Self-Insured Affiliate members only.

Name: _____

Title: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____ Phone: _____

Name: _____

Title: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____ Phone: _____