

National Council of Self Insurers
1253 Springfield Ave, PMB 345
New Providence, NJ 07974
(908) 665-2152; FAX: (908) 665-4020
E-mail: natcouncil@aol.com - www.natcouncil.com

Application for Membership

Date: _____

Company or Organization: _____

Designated Representative: _____
Name Title

Address: _____

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

| <i>Class of Membership</i> | <i>Dues Structure</i> |
|--|-----------------------|
| _____ State Self-Insurers Association..... | \$6.00 per member |
| _____ Individual 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 | \$400.00 |
| _____ Attorney | |
| _____ Service Company or Agency | |
| _____ Other Brief description of services: _____ | |

For additional persons within your organization to receive notices and mailings (\$40.00 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: _____ Expiration Date: _____

Card in the Name of: _____

Signature: _____