

2010 Membership Application



Oklahoma Self Insurers Association

P.O. Box 14249

Oklahoma City, OK 73113

405-749-2222 * osia@oklahomaselfinsurers.com

www.oklahomaselfinsurers.com

Annual Dues - \$250.00 from date of application

Apply for Membership - Check which applies

___ Regular members: Any person, firm, corporation, or group self-insurance association authorized by law to act as an own risk carrier, shall be eligible for regular membership with one vote per member.

___ Associate Member: Any individuals, businesses, firms, partnerships, or corporations with a deductible insurance program, shall be eligible for an associate membership with one vote.

___ Provider-nonvoting: Any individual, firm, partnership, corporation, or other organization that renders a service, provides assistance, counsels, or otherwise helps self-insureds shall be eligible for membership.

Name of Company: _____

Mailing Address: _____

City: _____ State: _____ Zipcode: _____

Contact person: _____ 2nd Contact Person: _____

Phone: _____ Fax: _____ Email: _____

Nature of Business: _____

Signature: _____ Date: _____

Annual Dues:- \$250.00 Payment must Accompany application

OSIA is an Affiliate of the National Council of Self Insurers

Protecting, Preserving and Promoting the Rights of Employers to Self Insurer

OSIA is an Incorporated Association