



## 2016 Membership Application

Annual Dues - \$350.00 Active/Associate members from date of application  
\$300.00 for Vendor Members  
Apply for Membership - Check which applies

Oklahoma Self Insurers  
Association  
Post Office Box 14059  
Oklahoma City, Oklahoma 73113  
405.604.0343  
osia@oklahomasefinsurers.com  
www.oklahomasefinsurers.com

\_\_\_ **\$350.00 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.

\_\_\_ **\$350.00 Associate Member:** Any individuals, businesses, firms, partnerships, or corporations with a deductible insurance program, shall be eligible for an associate membership with one vote.

\_\_\_ **\$300.00 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.

Regular Member - Fully Self-Insured Company

Associate Member - High Deductible Employer

Provider - Vendor

Name of Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Contact person: \_\_\_\_\_ 2<sup>nd</sup> Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Annual Dues:- \$350.00 Regular/Associate Member, \$300.00 Provider/Vendor member  
Payment must Accompany application 23% of all dues goes towards Lobbying  
OSIA is an Affiliate of the National Council of Self Insurers