



NEVADA SELF-INSURERS ASSOCIATION

MEMBERSHIP FORM

CALENDAR YEAR 2020

[] New Member [] Renewal

Application for (check one): [] Regular Membership [] Professional Membership

Organization _____

Contact Person _____

Address _____

Telephone Number _____

Email Address _____

Alternate Contact _____

MEMBERSHIP CATEGORY	ANNUAL DUES	EMPLOYEE CENSUS
<p>Regular Member <i>Self-insured employers*</i> <i>Association of self-insured employers*</i> <i>High retention/deductible employers</i> <i>Third party administrators</i></p>	<p>\$600.00</p>	<p>**Number of Northern Nevada Employees: _____</p> <p>Number of Southern Nevada Employees: _____</p>
<p>Professional Member <i>Medical providers, vocational rehabilitation specialists, private investigators, legal professionals, consultants, insurance brokers and other providers of service to self-insured employers</i></p>	<p>\$600.00</p>	<p>Not applicable</p>

**Annual Dues are paid based on Certificate of Insurance regardless of number of entities covered under one Certificate of Insurance. If there is more than one certificate for any organization, the membership covers only the entities under the certificate for which dues have been paid.*

****NSIA is exploring the opportunity to reestablish our Northern NV Chapter. We would like to determine if there is enough interest and potential for participation if this materializes. Please provide us with information if you have a presence in the North.**

You may pay your dues through PayPal by logging onto our website at www.nvsia.com. PayPal payments will include a 3% surcharge. Registration form must still be completed for PayPal payments and mailed to the address below. **Please be sure to select the correct membership category when paying through PayPal.**

PayPal payment processed on _____ in the amount of \$_____ representing membership dues for calendar year 2020.

Enclosed is our check in the amount of \$_____ representing membership dues for the calendar year 2020.

Authorized Signature: _____ Date: _____

RETURN COMPLETED APPLICATION FORM AND PAYMENT TO:

Nevada Self Insurers Association
P.O. Box 34197
Las Vegas, NV 89133