OHIO SELF-INSURERS ASSOCIATION

2011-2012 APPLICATION FOR MEMBERSHIP

PLEASE COMPLETE THIS FORM AND RETURN THIS INVOICE TOGETHER WITH YOUR REMITTANCE TO:

OHIO SELF-INSURERS ASSOCIATION
P. O. Box 1073
Columbus, OH 43216

This application is for Active Membership (please check one):

_____A) **Self-Insured Employer Member**: Any person, firm or corporation which has been granted the privilege to self-insure its liability under the Ohio Workers' Compensation Law, and has obtained a self-insured number shall be eligible as a full voting member of this organization. Separate operating entities of a parent corporation shall be eligible for full voting membership providing each entity has separate and individual self-insured employer members. A person, firm or corporation which is entitled to full voting membership shall designate one individual to act as its voting representative on all business brought before the membership. A self-insured employer may be admitted to membership upon submission of an application for membership and upon the approval of the Board of Managers.

_____B) **Associate Member**: Any person, firm or corporation who regularly represents or provides a service to self-insured employers and primarily provides such representation or service to self-insured employers shall be eligible as a non-voting member of this organization. Any such person, firm or corporation may be admitted to membership upon submission of an application for membership and upon the approval of the Board of Managers.

The undersigned agrees to be bound by the Constitution and By-Laws in effect and as may be amended in accordance with the Constitution, and hereby encloses payment in the sum of $_____ as annual membership dues in accordance with the fees listed below. OSIA's fiscal year runs from August 1 through July 31.

COMPANY NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

NAME: _____
(For SI Members, this shall be the Voting Member; for Associate Members, this shall be the primary contact)

PHONE: _____ FAX: _____

E-MAIL ADDRESS: _____

RISK NUMBER (SI's ONLY): _____ NUMBER OF EMPLOYEES IN OHIO: _____

SIGNATURE: _____ DATE: _____

_____NEW MEMBER/ ASSOCIATE MEMBER _____ RENEWAL

Self-Insured Employer	$275.00
Associate Member	$400.00

NOTE: ***PLEASE ATTACH A SEPARATE LISTING OF ALL THE NAMES, ADDRESSES, PHONE NUMBERS AND E-MAIL ADDRESSES OF INDIVIDUALS WITHIN YOUR COMPANY WHO SHOULD BE GIVEN ACCESS TO THE OSIA WEBSITE THROUGH WHICH WE PUBLISH OUR QUARTERLY NEWSLETTER AND NOTIFY OUR MEMBERSHIP OF UPCOMING EVENTS***.

DEADLINE FOR PAYMENT: October 20, 2011