



NEVADA SELF-INSURERS ASSOCIATION

MEMBERSHIP FORM

CALENDAR YEAR 2024

[] 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
Regular Member <i>Self-Insured Employers*</i> <i>Association of Self-Insured Employers*</i> <i>Individual Members of Self-Insured Groups</i> <i>\$200,000+ Deductible Employers</i> <i>Third Party Administrators</i>	\$650.00	Number of Northern Nevada Employees: _____ Number of Southern Nevada Employees: _____
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>	\$650.00	Not applicable

**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.*

You may pay your dues through PayPal by requesting an electronic invoice (PayPal payments will include a 3% surcharge), through Venmo (code shown below) or by mailing a check to NSIA. Registration form must still be completed for PayPal/Venmo payments and mailed to the address below.

PayPal/Venmo payment processed on _____ in the amount of \$ _____ representing membership dues for calendar year 2024.

Enclosed is our check in the amount of \$ _____ representing membership dues for the calendar year 2024.

Authorized Signature: _____ Date: _____

RETURN COMPLETED APPLICATION FORM AND PAYMENT TO:



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