



# NEVADA SELF-INSURERS ASSOCIATION

## MEMBERSHIP FORM

### CALENDAR YEAR 2026

[ ] 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
<b>Regular Member</b> <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>	<b>\$800.00</b>	Number of <b>Northern Nevada</b> Employees: _____  Number of <b>Southern Nevada</b> Employees: _____
<b>Professional Member</b> <i>Medical providers, vocational rehabilitation specialists, private investigators, legal professionals, consultants, insurance brokers and other providers of service to self-insured employers</i>	<b>\$800.00</b>	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 via PayPal by logging on to [www.nvsia.com](http://www.nvsia.com) (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 or emailed to the address below.

PayPal/Venmo payment processed on \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ representing membership dues for calendar year 2026.

Enclosed is our check in the amount of \$ \_\_\_\_\_ representing membership dues for the calendar year 2026.

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

**RETURN COMPLETED APPLICATION FORM AND PAYMENT TO:**



**venmo**

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