



MEMBERSHIP APPLICATION

Thank you for your interest in joining other self-insurance industry professionals in support SIIA's advocacy of the self-insurance marketplace. For membership level benefits, [click here](#). For additional information, please contact Jennifer Ivy at jivy@siaa.org.

CONTACT INFORMATION

Name _____
Title _____
Company _____ Website _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

BUSINESS CATEGORY (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Accounting/Actuarial Services | <input type="checkbox"/> Pharmacy Benefit Manager |
| <input type="checkbox"/> Broker/Consultant | <input type="checkbox"/> Provider Direct Contracting |
| <input type="checkbox"/> Captive Insurance Company/RRG | <input type="checkbox"/> Reference-Based Pricing |
| <input type="checkbox"/> Captive Management | <input type="checkbox"/> Self-Insured Employer |
| <input type="checkbox"/> Cost Containment/Care Management | <input type="checkbox"/> Technology Services |
| <input type="checkbox"/> Insurer/Reinsurer/MGU | <input type="checkbox"/> Third Party Administrator |
| <input type="checkbox"/> Legal/Subrogation | <input type="checkbox"/> Other _____ |

MEMBERSHIP LEVEL (check one)

- ☐ Corporate | \$1,495
☐ Silver | \$2,500
☐ Gold | \$10,000

PAYMENT INFORMATION

- ☐ Online | [SIIA Membership Application \(click\)](#)
☐ Check (payable to SIIA in U.S. funds)
☐ Credit Card ☐ VISA ☐ MasterCard ☐ American Express ☐ Discover
- Card Number _____ VAL Code _____ Exp. Date _____
Name _____
Billing Street Address _____
City _____ State _____ Zip _____
Signature _____

MAILING ADDRESS

Mail completed Membership Application and payment to: Self-Insurance Institute of America
P.O. Box 1237
Simpsonville, SC 29681
Fax: 864.962.2483

**MEMBERSHIP DUES
ARE NON-REFUNDABLE**