



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@siia.org.

BUSINESS CATEGORY (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> ACCOUNTING/ACTUARIAL SERVICES | <input type="checkbox"/> PROVIDER DIRECT CONTRACTING |
| <input type="checkbox"/> BROKER/CONSULTANT | <input type="checkbox"/> REFERENCE-BASED PRICING |
| <input type="checkbox"/> CAPTIVE INSURANCE COMPANY/RRG | <input type="checkbox"/> SELF-INSURED EMPLOYER |
| <input type="checkbox"/> COST CONTAINMENT/CARE MANAGEMENT | <input type="checkbox"/> LEGAL/SUBROGATION |
| <input type="checkbox"/> INSURER/REINSURER/MGU | <input type="checkbox"/> TECHNOLOGY SERVICES |
| <input type="checkbox"/> PHARMACY BENEFIT MANAGER | <input type="checkbox"/> THIRD PARTY ADMINISTRATOR |
| <input type="checkbox"/> CAPTIVE MANAGEMENT | <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