WSIA Membership Form

Organization Information

Organization Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____

Website: _____

Contact Information

Primary Contact Name: _____

Title: _____

Email Address: _____

Phone: _____

Membership Category (Check One)

☐ Self-Insured Employer (Choose a category below)

- ◯ Category 1 - Up to 500 employees – $785
- ◯ Category 2 - 501 to 1,000 employees – $1,275
- ◯ Category 3 - 1,001 to 5,000 employees - $1,725
- ◯ Category 4 - 5,001 to 10,000 employees - $2,225
- ◯ Category 5 - Over 10,000 employees – $2,825

☐ Associate Member – $1,000

☐ Sole Proprietor / Independent Contractor – $315

☐ Third Party Administrator (TPA) – $1,600

☐ Retro Groups – $1,200

Payment Method

☐ Credit Card *(3.5% service charge will be added)* ☐ To be Invoiced

Credit Card Number:_____

Name on Card:_____

Expiration Date:_____CVV:_____ Billing Zip Code:_____

Other Contacts to be listed under Membership

Contact Name: _____

Title: _____

Email Address: _____

Phone: _____

Contact Name: _____

Title: _____

Email Address: _____

Phone: _____

Contact Name: _____

Title: _____

Email Address: _____

Phone: _____

Contact Name: _____

Title: _____

Email Address: _____

Phone: _____

Contact Name: _____

Title: _____

Email Address: _____

Phone: _____