



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)

☐ Associate Member – \$950

☐ Category 1 - Up to 500 employees – \$750

☐ Sole Proprietor / Independent Contractor – \$300

☐ Category 2 - 501 to 1,000 employees – \$1,200

☐ Third Party Administrator (TPA) – \$1,500

☐ Category 3 - 1,001 to 5,000 employees - \$1,625

☐ Category 4 - 5,001 to 10,000 employees - \$2,100

☐ Category 5 - Over 10,000 employees – \$2,725

Payment Method

☐ Credit Card

☐ 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: _____