CA-SIG
California Alliance of Self-Insured Groups, Inc.
A California Non-Profit Mutual Benefit Corporation

"A Unified Voice for Self-Insured Groups in the State of California"

CA-SIG Membership Application

Joining CA-SIG is easy. Simply follow the steps below. Please print clearly.

STEP 1: Membership Contact Information (Mailing address for membership)

DATE _____

☐ Mr. ☐ Ms. FIRST NAME_____ LAST NAME _____ SUFFIX _____

TITLE _____ COMPANY ACRONYM _____

COMPANY/ORGANIZATION (Spell out completely) _____

COMPANY ADDRESS _____

CITY/STATE/ZIP+4 _____

COMPANY (MAIN) PHONE _____ DIRECT PHONE _____

CELL PHONE _____ HOME PHONE _____

COMPANY FAX _____ EMAIL _____

COMPANY WEBSITE_____

Did someone recommend that you join CA-SIG? Please give name and organization: _____

_____

☐ I do not wish my name and/or address information to be provided to any outside organizations for promotional purposes

☐ I do not wish to receive special offers from CASIG via Email

STEP 2: Please tell us about your company

Type of business: _____

State(s) in which you do business _____ Founding year of business _____

Other associations to which your company belongs: _____

(Over)

STEP 3: Calculate Your Yearly Membership Dues

Member Type	One Yearly Payment	Quarterly Installments
Sustaining Associate*	$3,000	$750
Regular Associate*	$2,000	N/A
Administrator Member	$3,500	$875
Affiliate Member	$750	N/A

*Companies who service the Workers' Compensation Industry

Membership dues are non-refundable

STEP 4: Type of Membership

- ◯ Sustaining Associate Member
- ◯ Regular Associate Member
- ◯ SIG Administrator Member
- ◯ Affiliate Member

STEP 5: Membership Payment

ONE TIME YEARLY PAYMENT OF: $ _____

QUARTERLY INSTALLMENTS: $ _____
In lieu of a one-time payment, you may have the option to pay in quarterly installments (see above).

The CA-SIG Tax ID# is: 26-0435224

STEP 6: Submit your application and payment

Mail to: CA-SIG Membership
3620 American River Drive, STE 230
Sacramento, CA 95864