



4115 Blackhawk Plaza Circle, Suite 100 • Danville, CA 94506-4901 • T: 925 648-2002 • F: 925 648-2021

APPLICATION FOR MEMBERSHIP OR RENEWAL OF MEMBERSHIP

- **NEW MEMBER:** Yes, I want to **JOIN** CSIA. I have completed this form, checked the membership level and enclosed my annual dues. Number of California employees: \_\_\_\_\_ .

PLEASE INDICATE MEMBERSHIP TYPE & DUES AMOUNT FROM SCHEDULE BELOW:

- Employer Member \$\_\_\_\_\_
- Associate Member \$\_\_\_\_\_
- Professional Member \$\_\_\_\_\_

EMPLOYER MEMBER	ASSOCIATE MEMBER	PROFESSIONAL MEMBER
1 – 99 employees \$330	Associate (TPA) members administer claims programs for California employers.  \$990	1-5 Professional Employees \$330
100 – 149 employees \$385		6-10 Professional Employees \$412.50
150 – 199 employees \$440		11+ Professional Employees \$495
200 – 299 employees \$495		
300 – 499 employees \$605		
500 – 999 employees \$770		
1000+ employees \$990		

PLEASE INDICATE METHOD OF PAYMENT

- Check enclosed payable to CSIA, 4115 Blackhawk Plaza Circle, Suite 100, Danville, CA 94506
- Credit card – either VISA or MasterCard (circle one). Card # \_\_\_\_\_ Exp Date \_\_\_\_\_  
Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

PLEASE COMPLETE INFORMATION ABOUT YOU AND YOUR COMPANY

COMPANY NAME				
ADDRESS				
CITY / STATE / ZIP				
NAME OF CONTACT				
TELEPHONE	FAX		EMAIL	
ADDITIONAL CONTACT				
TELEPHONE	FAX		EMAIL	
TYPE OF BUSINESS			DO YOU HAVE SUBSIDIARIES? Please attach list.	
OSIP CERTIFICATE NO.			ARE YOU IN GOOD STANDING?	
SIGNATURE			TITLE / DATE	

SEND TO: 4115 Blackhawk Plaza Circle, Suite 100, Danville, CA 94506  
Phone: (925) 648-2002 Fax: (925) 648-2021 Email: pmillhollon@caself-insurers.com



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*Note: 1. Professional and Associate Member Applicants must also complete page 2 of this Application for Membership.  
2. Individual Memberships are not available.*

**PROFESSIONAL OR ASSOCIATE MEMBER APPLICATION** *continued...*

Please give us information about your Company, including:

- a. How long have you been in business?
- b. Type of organization: corporation / partnership / sole proprietorship and names of officers.
- c. Who are the owners, principals, partners, etc. of your business?
- d. If licensed by a State Agency, please advise the name of the Agency and when your current license / permit expires.
- e. Please provide information about the services you intend to offer self-insured employers and explain the benefits from using your organization.
- f. Are you a member of any other State's self-insured employers association?
- g. Are you a past member of CSIA? Please explain.
- h. Please provide the name of a California self-insured employer that you have done business with in the past.
- i. Please attach any other information you believe will be helpful.
- j. Can we provide your name to other members? YES [ ] NO [ ]
- k. Can we list you in the membership directory? YES [ ] NO [ ]
- l. Can we list you on the CSIA website? YES [ ] NO [ ]