



COUNCIL OF SELF-INSURED PUBLIC AGENCIES

- Workers' Compensation Education & Training -

INVOICE

Annual Membership Dues
Year 2009

DUE 12/15/08

- Check the membership box that applies -

<input type="checkbox"/>	PUBLIC AGENCY MEMBERSHIP	\$100.00
<input type="checkbox"/>	ASSOCIATE MEMBERSHIP	\$200.00
<input type="checkbox"/>	ADDITIONAL ASSOCIATE OFFICE LOCATIONS	\$50.00

MAKE CHECK PAYABLE TO:
COSIPA ~ FEDERAL TAX I.D. #: 95-4370402

Mail Check to COSIPA Treasurer:
STEPHANIE CHAIN - WORKERS' COMPENSATION ANALYST
CITY OF STOCKTON
22 EAST WEBER AVE., SUITE 150
STOCKTON, CA 95202
Ph: (209)937-8618 Fax: (209)937-8558
E-Mail: Stephanie.chain@ci.stockton.ca.us

Only one membership is required from each agency/organization unless multiple location listings are desired. Membership benefits and discounts apply to all employees of the agency/organization/location. In order for us to update the Membership Directory, please complete all the information below and return a copy of this Invoice with your Membership Dues check. **PLEASE print clearly or type!**

Name of Agency/Organization/Company: _____

Name of Representative & Title: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax: _____ E-mail Address: _____

Website Address: _____

(Public Agencies Only. Please fill out this section)

Date your Agency became Self-Insured: _____ Number of Employees (entire agency): Full Time _____ Part Time _____

Name of Claims Administrator (*Name of third party administration firm or if self-administered indicate In House. If JPA, indicate group name AND name of administration firm*): _____

(Additional Office Locations for Associate Membership Only) (Submit separate sheet for more locations)

Address: _____ City: _____ State: _____ Zip Code: _____

Address: _____ City: _____ State: _____ Zip Code: _____