



Membership Invoice July 1, 2013 – June 30, 2014

Dues - \$350

Regular (R) – Self-Insured Entity - \$350

Associate Regular (A) – Entity eligible to be self-insured - \$350

Professional (P) – All others - \$350

Please return this form and your dues payment by July 1 to:

Colorado Self Insurers Association
Beth Collins
Boulder Valley Schools
6500 E. Arapahoe Rd.
Boulder, CO 80303
beth.collins@bvsd.org

Make check payable to **Colorado Self Insurers Association.**

You may now pay via PayPal.

Go to www.co-sia.org and click "Become a Member"

Please complete the membership information:

Company Name	
Member Name	
Street	
City State Zip	
Phone	
Email	
Web URL	
Type of Membership	
Nature of Business	
If regular member, please provide Number of employees: Workers' compensation payroll:	

CSIA FEIN 84-1120497

50% of your membership dues are not tax deductible as a business expense.