



## Membership Invoice

July 1, 2014 – June 30, 2015

**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 School District  
Human Resources  
PO Box 9011  
Boulder, CO 80301  
beth.collins@bvsd.org

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

**You may now pay via PayPal.**

Go to [www.co-sia.org](http://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.