

# Alabama Self-Insurers Association

Post Office Box 240757 • Montgomery, Alabama 36124-0757  
Telephone (800) 366-3439 • Fax (334) 272-7128 • Email ASIA@gmsal.com

## 2017 ACTIVE MEMBERSHIP FORM

### MEMBER INFORMATION:

Company \_\_\_\_\_  
 Delegate Name (1) \_\_\_\_\_  
 Delegate Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_  
 Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_

**ANNUAL DUES** - The amount of membership dues is based on the total number of Alabama employees. Group Funds are \$250. Please circle the appropriate category for your company.

**For companies wanting to register subsidiaries, please contact the ASIA office for dues structure.**

Number of Alabama Employees	Annual Dues
1-500	\$150
501-1,000	\$200
1,001-3,500	\$275
3,501-5,000	\$350
5,001-7,500	\$450
7,501-10,000	\$600
Over 10,000	\$800

### Group Funds

**\$250**

Dues investment in ASIA: \$ \_\_\_\_\_  
 Suggested contribution to COMP PAC: \$ 100.00  
 Total Investment enclosed: \$ \_\_\_\_\_

.....  
 Please circle one:      Check                      Visa              MasterCard              American Express

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_ Security Code: \_\_\_\_\_

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 Dues paid to ASIA are not deductible as a charitable contribution, but may be deductible as an ordinary and necessary business expense. A portion of the dues, however, is not deductible as a business expense because of ASIA's lobbying activities. The nondeductible portion is 25%. All contributions to COMP PAC are voluntary. COMP PAC is a non-partisan political action committee dedicated to helping conservative, fair-minded legislative and judicial candidates win election to office in Alabama.

REPRESENTATIVES: (You may list up to two additional people for inclusion on the mailing list and in the Membership Directory)

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Submitted by: \_\_\_\_\_

RETURN TO: Alabama Self-Insurers Association  
Post Office Box 240757  
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