



ANNUAL MEMBERSHIP APPLICATION

NEW YORK STATE ASSOCIATION OF SELF-INSURED COUNTIES

Municipality or Company Name:

Address:

Contact Person Name:

Contact Person email:

DUES

The annual membership dues cover the period of January 1 to December 31 each year and are due in January. Each member, Municipality or Company, is only required to pay one membership amount regardless of the number of persons that attend the conferences.

Select ONE

MUNICIPAL MEMBERS (per municipality)	\$ 55.00	<input type="checkbox"/>
NON-MUNICIPAL ASSOCIATE MEMBER (per company)	\$110.00	<input type="checkbox"/>

Kindly attach check payable to **NYSASIC** with this application and return to:

MAIL check payable to “NYSASIC” and completed form via USPS to:

Amy Clute, NYSASIC Treasurer

Warren County Self-Insurance, 1340 State Route 9, Lake George, NY 12845

(p)518-761-6529, clutea@warrencountyny.gov