

# MEMBERSHIP DUES

NC ASSOCIATION OF SELF-INSURERS

Name of Company \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Nature of Business \_\_\_\_\_

Contact Person \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Annual Dues**      \$350 per year

**Payment Method**     Check      Please send check payable to  
**NC Association of Self Insurers**  
(FEIN 56-1738666) to Moby Salahuddin, Executive Director  
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