

# 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  
PO Box 202, Linville Falls, NC 28647

☐ PayPal

To pay with a credit card, visit [www.ncselfinsurers.com](http://www.ncselfinsurers.com).  
On the home page, click on the Join/Renew tab.