

MEMBERSHIP APPLICATION

Qualifications:

Self-Insured Member:
Any company or group
of employers which selfinsures its workers'
compensation liability
under Minnesota law

Insured Member:
Any company which
purchases its workers'
compensation insurance
to meet the requirements under Minnesota

law

Associate Member:
Any individual or
business with an
interest in workers'
compensation and/or
self-insurance or serves
the workers'
compensation
industry in Minnesota

The Minnesota Employers Workers Compensation Alliance is a non-profit organization dedicated to representing member companies and associations in matters related to workers' compensation laws in the State of Minnesota

Busines	s Name:Number of Minnesota Employees:
Primary	Contact:
Address	:
City, Sta	te, Zip:
Phone:	E-mail:
Busines	s Description:
	ist name and e-mail address for additional employees at your company who wish to receive
workers	' compensation updates and invitations to quarterly membership meetings from The Alliance.
Additio	nal Contact:
Additio	nal Contact:
Additio	nal Contact:
Membe	rship Categories:
	Self-Insured Employer (500 MN Employees or more): \$850.00
	Self-Insured Employer Member (fewer than 500 MN employees): \$600.00
	Insured Employer (500 MN Employees or more): \$850.00
	Insured Employer Member (fewer than 500 MN employees): \$600.00
	Associate Member: \$900.00
	nake checks payable to the MN Employers Workers Compensation Alliance and remit your pay- ong with the complete application to:
Stinson	LLP Federal Tax ID# 41-1478075 Kennedy

We have determined that 76% of your membership dues are non-deductible

lobbying expenses.

50 South 6th St., Suite 2600 Minneapolis, MN 55402

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