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COSIPA

WORKERS' COMPENSATION EDUCATION & TRAINING

ANNUAL INVOICE

Membership Dues 2019

- Check the membership box that applies -

<input type="checkbox"/>	PUBLIC AGENCY MEMBERSHIP	\$150.00
<input type="checkbox"/>	ASSOCIATE MEMBERSHIP	\$300.00
<input type="checkbox"/>	ADDITIONAL ASSOCIATE OFFICE LOCATIONS	\$50.00

Pay Via **PAYPAL** or Mail Checks to the COSIPA Treasurer:

JAMELLE W. PECK, CLAIMS MANAGER
CITY OF LONG BEACH, WORKERS' COMPENSATION
333 W. OCEAN BLVD., 8TH FLOOR
LONG BEACH, CA 90802
Tel: (562)570-2280 Fax: (562)570-2220
E-Mail: JAMELLE.PECK@LONGBEACH.GOV

MAKE CHECKS PAYABLE TO:
COSIPA ~ FEDERAL TAX I.D. #: 95-4370402

Only one membership is required from each agency/organization unless multiple location listings are desired. Membership benefits and discounts apply to all employees of the agency/organization/location. In order for us to update the Membership Directory, please complete all the information below and return a copy of this Invoice with your Membership Dues check or go to www.cosipa.org to pay via **PAYPAL**. PLEASE Print Clearly or Type.

Name of Agency/Organization/Company: _____

Name of Representative & Title: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ E-mail Address: _____

PUBLIC AGENCIES: Please fill out this Section below.

Self-Administered (check box if self administered)

Third Party Administrator Name: (If JPA, indicate group name & name of administration firm): _____

Third Party Administrator Manager's Name: _____

Third Party Administrator Address: _____

ASSOCIATE MEMBERS: List additional office locations below. Please submit a separate sheet for more locations.

Address: _____ City: _____ State: _____ Zip Code: _____

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