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# COSIPA

## WORKERS' COMPENSATION EDUCATION & TRAINING

### ANNUAL INVOICE

#### Membership Dues

## 2020

- 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**  
**411 WEST OCEAN BLVD., 9TH 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](http://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: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_