

COUNCIL OF SELF INSURED PUBLIC AGENCIES

WORKERS' COMPENSATION EDUCATION & TRAINING

ANNUAL INVOICE

Membership Dues

2023

- Check the membership box that applies -

<input type="checkbox"/>	PUBLIC AGENCY MEMBERSHIP	\$150.00
<input type="checkbox"/>	ASSOCIATE MEMBERSHIP	\$250.00

Membership benefits and discounts apply to all employees of an agency, organization or location. Please complete all the information below and return this invoice with your membership dues.

Name of Agency/Organization/Company: _____

Name and Title of Representative: _____

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

Phone Number: _____ Email: _____

PUBLIC AGENCY MEMBERSHIP

Self-Administered **TPA (Third Party Administrator)** **TPA under JPA (Joint Powers Authority)**

Third Party Administrator Name:
(JPA - Indicate group name & TPA firm name): _____

Third Party Administrator Manager's Name: _____

Third Party Administrator Address: _____

ASSOCIATE MEMBERSHIP

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: _____

PAYMENT

PAY BY CHECK / MAIL

Make checks payable to COSIPA | Federal Tax ID #: 95-4370402
Mail check & invoice to the COSIPA Treasurer:

City of Long Beach - Office of the City Attorney
Attn: Olayemi O. Olatunji, Workers' Compensation Unit
411 West Ocean Blvd., 9th Floor, Long Beach, CA 90802
Tel: (562)570-2292 | Fax: (562)570-2220

PAY ONLINE

To pay via **PAYPAL or Credit Card**, visit us online at
www.cosipa.org or scan the QR Code below:



VISIT WWW.COSIPA.ORG