



## MEMBERSHIP APPLICATION FORM

Regular Member (Bus/Limousine company)

Affiliate Member (Sells to or provides products to the Regular Members Companies)

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Annual Gross Revenue: \_\_\_\_\_

Dues Schedule: Membership in our Group Worker's Compensation Insurance Program provided by State Compensation Insurance Fund (SCIF) is based on your estimated premium amount. Please see the following chart to determine the appropriate annual dues for your policy.

\$0.00 - \$5,000 = \$75.00

\$5,001 - \$12,000 = \$200.00

\$12,001 - Up = \$300.00

Non SCIF Regular group members: \$300.00

Affiliate members: \$300.00

Method of Payment: Check enclosed  Visa  Mastercard  Discover

Card No. \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail back your check or fax the application form with your credit card payment information to ACIC headquarters.