



Self Insurers' Group of Ohio, Inc. Associate Membership Application 2008 - 2009

If your organization is interested in joining or renewing your membership in SIGO, please complete this form and return it to the address indicated below. The associate membership fee is \$100 per company.

Our website, www.sigo-ohio.org, contains all event and registration information. Blast e-mail notifications will be used to notice the membership of upcoming meetings. The membership directory is also maintained on the website in the members-only section.

Please complete the following and return no later than **August 29, 2008**. Be sure to include the names and e-mail addresses of everyone to whom meeting notifications should be sent via e-mail.

Please type or print clearly, since this information will be used to prepare our electronic directory and will ensure the accuracy of your company information.

COMPANY OR FIRM NAME: _____

MAILING ADDRESS: _____

HAVE YOU PREVIOUSLY BEEN A MEMBER OF SIGO PREVIOUSLY? YES _____ NO _____

NAME (S) & TITLE (S) OF ALL EMPLOYEES YOU WANT REGISTERED
(only those names and e-mail addresses provided will have access to the SIGO website):

_____	(Name)	_____	(Title)
_____	(Name)	_____	(e-mail address)
_____	(Name)	_____	(Title)
_____	(Name)	_____	(e-mail address)

(Please use an additional sheet if necessary)

BUSINESS PHONE: _____

BUSINESS FAX: _____

SIGNATURE: _____

Please attach a check in the amount of \$100.00, made payable to:

Self Insurers' Group of Ohio, Inc.

Please mail to:

Anthony J. Colangelo
The Sherwin-Williams Company
101 West Prospect Avenue
Cleveland, OH 44115
Phone: (216) 566-3095