

To Educate, Share, Develop, Advocate & Promote

2022 SIGFA Membership Application

SIGFA is a voluntary member association composed of eligible public and private state self-insurance guaranty funds committed to improving their performance and operations. By creating educational opportunities designed to enhance knowledge and share information SIGFA provides members a forum to share new ideas and information nationally for the betterment of their individual state programs of self-insurance.

*It is our pleasure to invite you to become a member of
The Self-Insurance Guaranty Funds of America.*

Application for Membership / Annual Dues: \$300.00

Guaranty Fund Name: _____

Jurisdiction / State: _____

Address: _____

City: _____ **STATE:** _____ **ZIP:** _____

Guaranty Fund Contact: _____

Title: _____

Phone Number: (____) _____ **Fax:** (____) _____

Email: _____

Signature: _____ **Date:** _____

*Members Enjoy Discounted Registration Fees & Access to Member Resources At No Additional Cost.
Payment for annual dues may be submitted by check made payable to SIGFA and mailed to:
SIGFA / 1025 Monarch, Suite 260 / Lexington, KY 40513*

*For questions regarding this application or to make payment via credit card please contact
Gary Davis (859) 219-0194 / gdavis5@windstream.net*