

To Educate, Share, Develop, Advocate & Promote

2024 SIGFA Membership Application

SIGFA is a voluntary member association composed of public and private state self-insurance guaranty funds...including state agencies responsible for administration and regulatory oversight of the self-insurance programs. By creating educational opportunities designed to enhance knowledge and share information SIGFA provides members a forum to share ideas, discuss current issues and concerns, and explore solutions for the betterment of their individual state programs and the members they serve.

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

[Application for Membership / Annual Dues: \\$400.00](#)

Guaranty Fund Name: _____

Jurisdiction / State: _____

Address: _____

City: _____ STATE: _____ ZIP: _____

Guaranty Fund Contact: _____

Title: _____ Phone: (____) _____

Email: _____

Signature: _____ Date: _____

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

*A SIGFA Membership includes all staff of the member, providing access and discounts for all.
For questions regarding this application or to make payment via credit card please contact
Gary Davis (859) 219-0194 / gdavis5@windstream.net*