

Renewal information and application for Full Membership of SISA

We appreciate and value your organisations support and membership of SISA and therefore we are pleased to enclose a membership renewal form for you to complete to update your details and maintain your membership. We hope you have found your membership with SISA a rewarding experience and look forward to continuing our relationship into the future.

Self Insurers of South Australia (SISA) is an incorporated association that represents the interests of, and provides services to, employers that hold self insured status under the *South Australian Return to Work Act 2014*. We represent around 70 of South Australia's largest private sector employers and the State public sector, totaling about 39% of the State's employment by remuneration.

SISA promotes best practice in work health and safety and return to work, and its objectives are to promote, develop and support the interests of its members in regard to self insurance.

SISA also provides information and advice to its members on legislative and regulatory matters, medical fees and schedules and matters of current interest. We provide a single voice when providing the views of self-insurers to ReturntoWorkSA, the State Government and Opposition. We also liaise with other stakeholder and provider representative organisations on behalf of our membership.

As you will be aware, the association has bi-monthly Forums that allow members to network, share their experience and expertise, to discuss current issues and to exchange information and views. Each meeting has guest speakers who present relevant information in work health and safety and return to work and related disciplines.

SISA also provides training and holds seminars on topical issues.

SISA offers two types of membership, full and associate. Full membership is limited to organisations that actually hold self insured status. If your organisation is a self insurer, it is eligible for full membership.

Full Membership Fees

Membership is on an annual basis from 1st July to 30th June each year. Fees can be paid on a quarterly basis if the member requires or can be paid annually in advance invoiced by 30th June of each year.

| Type | Quarterly GST incl | Annual | GST | Total |
|------------------------------|-------------------------------|---------------|------------|--------------|
| Full (under 1,000 employees) | \$714.43 | \$2597.93 | \$259.79 | \$2857.73 |
| Full (over 1,000 employees) | \$995.77 | \$3621.00 | \$362.10 | \$3983.10 |

Please include on the form attached the number of employees your organization has. It will be up to each organization to notify SISA should this number change over time which may alter the fee charged.

For any further information please contact the SISA office on 8232 0100 or sisa@sisa.net.au.

FULL MEMBERSHIP RENEWAL FORM

| | | | |
|-----------------------------|--|--|--|
| Company Name | | | |
| Other Legal Entities | | | |

| | | | |
|------------------------|--------------|--|-----------------|
| Company Address | | | |
| | | | |
| | State | | Postcode |

| | | | |
|------------------------|--------------|--|-----------------|
| Mailing Address | | | |
| | | | |
| | State | | Postcode |

| | | | |
|-------------------------------|--|------------------------------------|--|
| No. of employees in SA | | Date self insurance granted | |
|-------------------------------|--|------------------------------------|--|

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| Brief description of the primary business activities of your company. |
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| Chief Executive or equivalent in SA |
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|---------------------|--|-----------------|--|
| Contact Name | | Position | |
|---------------------|--|-----------------|--|

| | | | |
|-------------------------|--|-------------------|--|
| Telephone Number | | Fax Number | |
|-------------------------|--|-------------------|--|

| | | | |
|----------------------|--|----------------------|--|
| Mobile Number | | Email Address | |
|----------------------|--|----------------------|--|

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|--|
| Work Health & Safety contact person |
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|---------------------|--|-----------------|--|
| Contact Name | | Position | |
|---------------------|--|-----------------|--|

| | | | |
|-------------------------|--|-------------------|--|
| Telephone Number | | Fax Number | |
|-------------------------|--|-------------------|--|

| | | | |
|----------------------|--|----------------------|--|
| Mobile Number | | Email Address | |
|----------------------|--|----------------------|--|

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| Injury management/RTW contact person |
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|---------------------|--|-----------------|--|
| Contact Name | | Position | |
|---------------------|--|-----------------|--|

| | | | |
|-------------------------|--|-------------------|--|
| Telephone Number | | Fax Number | |
|-------------------------|--|-------------------|--|

| | | | |
|----------------------|--|----------------------|--|
| Mobile Number | | Email Address | |
|----------------------|--|----------------------|--|

We understand that invoicing is in advance for the year commencing 1st July and wish to be invoiced on a

Quarterly Annual basis until further notified

We hereby agree to abide by the Rules of the Association.

Name Date

Signature

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| EXECUTIVE COMMITTEE APPROVAL |
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| | |
|-----------------|---------------|
| Name | Company |
| Signature | Date |