

SISA Associate Membership Application

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.

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.

Under the SISA Constitution, any organisation that:

- ▶ is eligible for, but has not yet obtained, self insured status under the Act, or
- ▶ is a company or Government Department that provides services to self-insurers, or
- ▶ is listed on the Employer Location Schedule of an Employer that is a full member
- ▶ is deemed to be self-insured under Part 9, Division 1, Section 130 of the *Return to Work Act 2014* and whose liability at workers compensation is met from State General Revenue

can apply to become an associate member of the Association by the Executive Committee. An associate member may attend all Forums of the Association but does not have the right to vote.

Associate membership offers the full range of member services and benefits, as well as providing those companies that supply goods and services with a commercial presence in a potentially large market via sponsorship opportunities, presentations and website advertising.

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 Fee | GST | Total |
|--------------|--------------------|------------|-------|--------|
| Assoc member | \$407.50 | \$1630 | \$163 | \$1630 |

Please find enclosed an associate membership application form. We invite you to consider applying. For any further information please contact the SISA office on 8232 0100 or sisa@sisa.net.au.

APPLICATION FOR ASSOCIATE MEMBERSHIP

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

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

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

| | |
|--|--|
| Brief description of the core services your company provides: | |
| | |
| No. of employees in SA | |

| | | | |
|--|--|----------------------|--|
| Chief Executive or equivalent in SA | | | |
| Contact Name | | Email Address | |
| Telephone Number | | Mobile Number | |
| Work Health & Safety contact person | | | |
| Contact Name | | Email Address | |
| Telephone Number | | Mobile Number | |

| | | | |
|---|--|----------------------|--|
| Injury management/RTW contact person | | | |
| Contact Name | | Email Address | |
| Telephone Number | | Mobile Number | |
| Accounts Payable | | | |
| Contact Name | | Email Address | |
| Telephone Number | | Mobile Number | |

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.

| | |
|-------------------------------------|--|
| Merchant Payment Information | |
| Account Name | Self Insurers of South Australia Incorporated |
| BSB | 065-004 |
| Account Number | 10882844 |

We hereby agree to abide by the Constitution.

Name: _____

Signature: _____

EXECUTIVE COMMITTEE APPROVAL

Name: _____

Company: _____

Signature: _____

Date: _____