



Self Funding Employers Association

APPLICATION FORM 2010-2011

Self Funding Employer Association (SFEA)

Please complete this form for submission to Self Funding Employer Association

Mail: 1128 Royal Palm Beach Blvd., Suite 138

Royal Palm Beach, Florida 33411

Fax to: (561) 792-4428

Company Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Telephone _____ Fax _____
 E-Mail _____
 Website _____

Membership Contact Person (Name, Title & Email Address):

Please Circle the Application Level you are applying for:

Corporate Premier	\$5,000
Corporate	\$2,000
Insurance Company	\$2,000
Employer Membership	\$2,000
Insurance Agency	\$1,000
Enrollment Firm	\$1,000
Technology Provider	\$1,000
Health Insurance Agent	\$250
Individual Membership	\$250

www.SelfFundingAssociation.com
info@selffundingassociation.com

561.204.3676

TERMS OF MEMBERSHIP:

Member hereby agrees to the below.

Membership becomes effective upon approval by the Self Funding Employer Association (SFEA) and receipt of your membership dues. Memberships run automatically for one year and renews automatically each year unless the member notifies the association headquarters in writing of its request to terminate which must be received in writing at least 60 days prior to renewal. Failure to notify Association of termination of membership within 60 days prior to renewal will result in Member being responsible for payment of dues. Member hereby agrees to be bound by the bylaws of the association.

CONFIDENTIALITY - Member acknowledges that Association may provide to member proprietary information not available to the public, which member agrees not to disclose to the public. Members agree to hold, and that all employees, agents, or third parties to whom the Information is disclosed will hold, all Information in trust and confidence and agree that such Information shall be used only for the contemplated purposes as a member in the association and shall not be used for any other purposes nor disclosed to any third party without the prior written consent of the association. In the event of unlawful use or wrongful disclosure, in addition to any other remedies the association may have at law or in equity, the association shall be entitled to injunctive relief.

Choice of Forum / Choice of Governing Law: This membership Agreement shall only be interpreted and enforced in accordance with the laws of the State of Florida and the proper venue to resolve any and all disputes arising from the any of the terms, responsibilities, or liabilities under this Agreement shall be in Palm Beach County, State of Florida. This agreement shall be binding upon the parties, its successors, and assignees.

Signature

Name

Title

Date