



Texas Alliance of Nonsubscribers Associate Membership Application

For more information you may contact: 512-542-9955

Associate Membership

Company Name _____

Mailing Address _____

City _____

State _____

Zip Code _____

Name of Contact _____

Title of Contact _____

Email of Contact _____

Phone _____

Type of Company Third Party Administrator Insurance Carrier
 Business Associate Other

Please return completed form to:

**Texas Alliance of Nonsubscribers
P. O. Box 685227
Austin, Texas 78768**

Or fax to: 512-542-9977

An associate membership of \$2,000 shall be open to individuals, corporations, and firms providing products or services to nonsubscribers or to those who have an interest in retaining the current voluntary workers' compensation system in Texas but are not eligible to be regular members. Associate membership is nonvoting but entitles the holder to receive mailings and communications about association activities and legislative initiatives.