

Oregon Captive Insurance Association

Membership Application



- For: Captive Owner (\$250)
 Corporate Service Provider (\$250)
 Affiliate (\$150)

First Name Middle Initial Last Name

Title Company

Address

City State Zip

Phone Fax

Email

Website

Please describe your interest in the Captive Industry:

If Corporate Service Provider, describe services provided:

By electronically signing this application, I hereby declare that I am authorized to sign this Membership Application on behalf of my company and agree to be listed on the OCIA web site.

Signature*: _____

Date/Time Field