



Membership Application

Company (Legal) Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

FEIN/SSN: _____

Safety Contact: _____

Phone: _____ **Email:** _____

The Occupational Safety Association of Alabama (OSAA) exists to provide safety education and information for its members. As required by the State of Alabama, you must join a sponsoring association of the Fund to receive workers' compensation coverage from the Fund. AlaCOMP has partnered with the OSAA since 2002. For your convenience, the annual membership dues of \$190.00 are included in your AlaCOMP premium and are prorated based on the policy inception date.

Signature: _____ **Date:** _____

If you have questions regarding OSAA membership contact:
Mary Cummings, Director of Member Services, 334-215-8234, mary@alacompins.com