



# OWCEA

Oklahoma  
Workers'  
Compensation  
Education  
Association

## Membership Form

**Regular Membership:** Any person, firm, corporation, or group self-insurance association authorized by law to act as an own risk carrier, shall be eligible for regular membership with one vote per member.

**Provider Membership:** Any individuals, businesses, firms, partnerships, or corporations with a deductible insurance program, shall be eligible for associate membership with one vote.

**Membership Dues:** Annual dues are \$350 for Regular and Provider Members. Membership applications are subject to approval by the OWCEA Board of Directors.

Business name: \_\_\_\_\_

Business address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please select Membership Type:**

Regular Membership     Provider Member

*Please complete the form and mail, along with a \$350 check, payable to OWCEA to:*

OWCEA  
ATTN: Pam Marrs, Director  
PO Box 521  
Sand Springs, OK 74063

**Questions? Contact Pam Marrs at 405-604-0343 or at [director@owcea.com](mailto:director@owcea.com).**