



Retail Association of Nevada

410 South Minnesota Street

Carson City, NV 89703

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Website: www.RANNV.org • E-mail: piper@rannv.org

Nevada Retail Network Self-Insured Group (NRNSIG)*

Membership Application (Please Print or Type)

Annual Dues Based on Gross Sales

Retail Member:

Any person, partnership, corporation, or firm engaged in retail business in Nevada shall be eligible for membership in the Workers' Compensation program upon approval of the Board of Directors.

Up to \$250,000	\$100.00
\$250,000 to \$3,000,000	\$250.00
Over \$3,000,000	\$350.00

Administration Fee (One-time fee for new membership): \$ 25.00

Annual Dues: \$ _____

TOTAL: \$ _____

Membership Information

Business Name: _____

Owner: _____

Contact Person: _____ Title: _____

E-mail: _____

Telephone: _____ Fax: _____

Mailing Address: _____

City, State, Zip: _____

Street Address: _____

Type of Business: _____

Number of Employees: _____ Sales: _____

Signature: _____

Date: _____

To provide the best information and service to owners of retail companies, RAN will update all owners and/or chief executives on legislative and regulatory matters. Please provide the following information on who is to receive these updates, if different than above.

Legislative Contact: _____ Title: _____

E-mail: _____

Preferred Method of Contact: Telephone () E-mail () Mail ()

*This application is to be used when joining our Workers' Compensation program.