



NAHU MEMBERSHIP APPLICATION

Your Name _____ Designations _____

Company/Agency _____

Business Address _____

City _____ State _____ ZIP _____ EMAIL _____

Telephone (____) _____ FAX (____) _____

Home ZIP Code _____

Name of Local Health Underwriters Association: Charlotte AHU or CAHU

Sponsor: _____

Annual Dues:

Annual NAHU dues	\$ 270.00
Annual State dues	\$ 60.00
Annual Local dues	\$ 100.00
TOTAL Annual DUES	430.00
Monthly payments of	\$35.83

Payment is made by:

- Check (payable to **National Association of Health Underwriters**)
 Bank Draft (Need voided check)
 Credit Card

Bank Draft / Credit Card Authorization: I (we) hereby authorize NAHU to initiate debit entries to my (our) account indicated. Monthly debits will equal one-twelfth of any current applicable national, state or local dues.

Circle One: Bank Draft MC Visa AMEX

Name (As it appears on check or credit card)

Signature

Account Number / (If Bank Draft -routing #)

Expiration Date

MAIL APPLICATION TO: CAHU

c/o Suzy Johnson, _____

Or scan and E-mail: suzy.johnson@nmfn.com

Questions? -call **Suzy Johnson** at **704-365-2014 ext304** or fax completed form to: **704-**

Please indicate which committee(s) you would like to be involved in:

- | | | |
|------------------------------------|--|---|
| <input type="checkbox"/> Awards | <input type="checkbox"/> Membership | <input type="checkbox"/> Public Service/Charities |
| <input type="checkbox"/> By-Laws | <input type="checkbox"/> Federal Legislation | <input type="checkbox"/> Speakers/Programs |
| <input type="checkbox"/> Education | <input type="checkbox"/> State Legislation | <input type="checkbox"/> Sponsors |