NAHU Membership Application

Last Name | **First Name** | **Designation**

Company | **Title** | **Referral/Sponsor**

Mailing Street Address | **City** | **State** | **Zip**

Telephone | **Fax** | **Work E-Mail Address**

Home Street Address (for legislative purposes) | **City** | **State** | **Zip**

Home Phone Number | **Home Email Address**

Acadiana Association of Health Underwriters

Local Association (see other side of this application)

Form of Payment Enclosed: **Amount:** **$375.00 annually**

[ ] Monthly Draft (please select one) [ ] Checking Account [ ] Credit Card **$25.00 will be charged to your account monthly**

[ ] Check (payable to NAHU)

[ ] Annual Credit Card (please select one) [ ] Visa [ ] MasterCard [ ] Am Ex [ ] Discover **$300.00 will be charged to your account**

Bankdraft / Credit Card Authorization Form:

I (we) hereby authorize NAHU to initiate debit entries to my (our) account as indicated.

- Monthly debits will equal one-twelfth of any current applicable national, state or local dues.
- (Please include a voided check from the account to be drafted, or write credit card number below)

Name (as it appears on the check or credit card) Signature

Account Number Expiration Date

Please Mark the Box or Boxes For The Areas of Your Practice:

ڤ Long Term Care	ڤ Disability	ڤ Managed Care	ڤ Retirement
ڤ Individual	ڤ Large Group	ڤ Small Group	ڤ Worksite Mktg.
ڤ TPA	ڤ Self Insured	ڤ Medicare Supplement	ڤ Dental

Mail To: AAHU Membership
P.O Box 53807