



REGULAR MEMBERSHIP APPLICATION

NAME _____ TITLE _____

BUSINESS NAME _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

BUSINESS PHONE _____ FAX _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____
(for legislative purposes)

HOME PHONE _____ E-MAIL _____
(Optional)

MOBILE PHONE _____ SSN# _____
(For C.E. Credit Purposes Only)

Sponsor _____

Questions? Contact Contact Lou Bambini at (847) 544-0031.

Annual Membership Dues	\$375.00	MAIL THIS APPLICATION AND YOUR CHECK OR OTHER FORM OF PAYMENT TO: NIAHU c/o Benico, Ltd. P. O. Box 8 Huntley, Illinois 60142-0008 Ph: (847) 669-4800 eFax: (847) 792-7564
<i>Payment Options:</i>		
OPTION #1 - Monthly checking account bank draft or credit card preauthorized debit (1/12th annual dues debited monthly): Check [] – OR – Credit Card []	\$31.25 per month	
OPTION #2 - Total annual dues by check []	\$375.00	
OPTION #3 - Total annual dues by credit card []	\$375.00	
IMPORTANT: If payment is by credit card, are you using Visa, Mastercard, or AMEX?		

Make checks payable to: **National Association of Health Underwriters or "NAHU"**

PRE-AUTHORIZED MONTHLY CHECKING ACCOUNT BANK DRAFT - CREDIT CARD FORM:

I (We) elect payment option ____ Option #1 ____ Option #2 ____ Option #3, and in the case of Option #1 further authorize NAHU to initiate monthly debit entries to my (our) account indicated. Monthly debits will equal one-twelfth of any applicable national, state, or local association dues. **Please include a voided check if you are electing to use the monthly draft from your checking account.** We do not offer a preauthorized checking account draft for the annual payment of dues by check.

IMPORTANT NOTE: For your convenience, credit card authorizations may be securely faxed to the eFax # shown above, which is a completely private fax number.

NAME(S) _____ SS# _____

BANKING INSTITUTION _____ ACCT# _____

CREDIT CARD # _____ EXP DATE _____

SIGNATURE _____ DATE _____

The National Association of Health Underwriters (NAHU) is a professional society whose membership is comprised of health insurance professionals. Membership means making a commitment to abide by the code of ethics of NAHU. Membership also provides an opportunity for peer recognition of achievement through the Leading Producers Round Table (LPRT) and Health Insurance Quality Awards.