



Membership Application

**Central Pennsylvania Association of Health Underwriters,
Pennsylvania State Association of Health Underwriters and
National Association of Health Underwriters**



Name: _____ Designation(s): _____

Company: _____

Home Address: _____
(For legislative purposes only)

Business Address: _____

Work E-mail: _____ Home E-mail: _____

Telephone: _____ Fax: _____

Referred by: _____ Primary Member in another chapter? _____

Membership Dues:

<u>Association</u>	<u>Monthly</u>	<u>Annual</u>
Central Pennsylvania Association of Health Underwriters (CPAHU)	\$3.30	\$40.00
Pennsylvania Association of Health Underwriters (PAHU)	\$6.67	\$80.00
National Association of Health Underwriters (NAHU)	\$22.50	\$270.00
Total Dues	\$32.50	\$390.00

NAHU, PAHU and CPAHU membership is included in the total price.

(According to the IRS Regulations, 80% of the \$270.00 paid to NAHU is deductible as a normal business expenses)

Payment Options:

Bank Draft (drafted 12 x's annually) Method of Withdrawal - Checking Account (voided check) _____ Credit / Debit Card _____
VISA _____ **MasterCard** _____ **American Express** _____ **Discover** _____
Check - made payable to NAHU _____

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

Name as it appears on check, credit or debit card Authorized signature

Bank account number or credit card number Expiration date

*By becoming a member of CPAHU, you give permission for CPAHU to fax, E-mail or mail pertinent educational and legislative membership to you. I understand that I have the option to be removed from mail, E-mails and faxes lists as I receive them and will notify CPAHU if I choose this option.

Please indicate your area(s) of practice:

Individual _____ Small Group _____ Large Group _____ Carrier Rep _____ Dental _____
 Managed Care _____ Fully Insured _____ Self-Funded _____ TPA _____ Life _____
 Disability _____ Long Term Care _____ Medicare Supp _____ Worksite Mktg. _____ Retirement _____

_____ **Yes, I would be interested in someone contacting me about getting involved with my local chapter!**