



UTAH ASSOCIATION
OF
HEALTH UNDERWRITERS

**Dues are 75%
tax deductible!**

NAHU AND UAHU MEMBERSHIP APPLICATION

PERSONAL INFORMATION			DUES & PAYMENT	
LAST NAME, FIRST NAME		DESIGNATION	Less than \$31 a month	National Dues \$270
LICENSE OR SOCIAL SECURITY #				Utah State Dues \$100
COMPANY NAME			FORM OF PAYMENT	
BUSINESS ADDRESS		SUITE #	<input type="checkbox"/> Check (payable to NAHU) <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> PRE-Authorized Checking	
BUSINESS CITY	STATE	ZIPCODE		
HOME ADDRESS				
HOME CITY	STATE	ZIPCODE	MAIL PAYMENT & APPLICATION	
STATE SPONSOR/RECRUITED		Select Your Local Chapter <input type="radio"/> Northern Utah Chapter <input type="radio"/> Salt Lake Valley Chapter <input type="radio"/> Southern Utah Chapter	UAHU PO Box 581485 Salt Lake City UT 84158-1485	
EMAIL				

I hereby authorize NAHU to initiate debit entries to my account indicated below. Monthly dues will equal one-twelfth of the total of the National, State and Local Dues.

CREDIT CARD AUTHORIZATION		
NAME ON CARD	CREDIT CARD NUMBER	EXPIRATION DATE / /
SIGNATURE		DATE / /

BANK ACCOUNT AUTHORIZATION	
FINANCIAL INSTITUTION	BANK ACCOUNT NUMBER
NAME ON BANK ACCOUNT	ROUTING AND TRANSIT NUMBER
SIGNATURE	DATE / /

If licensed to sell on the FFM list the state(s) with current license.

Select all relevant practice areas from the list below.

<input type="checkbox"/> LTC	<input type="checkbox"/> Large Group	<input type="checkbox"/> Medicare
<input type="checkbox"/> Individual	<input type="checkbox"/> Self Insured	<input type="checkbox"/> Retirement
<input type="checkbox"/> TPA	<input type="checkbox"/> Managed Care	<input type="checkbox"/> Dental
<input type="checkbox"/> Disability	<input type="checkbox"/> Small Group	<input type="checkbox"/> Worksite MKTG