



**LESS THAN \$32
PER MONTH!!**



**UTAH ASSOCIATION
OF
HEALTH UNDERWRITERS**

NAHU AND UAHU MEMBERSHIP APPLICATION

PERSONAL INFORMATION			DUES & PAYMENT INFORMATION	
LAST NAME, FIRST NAME		DESIGNATION	National Dues \$270.00 Utah State Dues \$80.00 Local Chapter Dues \$25.00 Total Fees \$375.00	
LICENSE OR SOCIAL SECURITY NUMBER				
COMPANY NAME				
BUSINESS ADDRESS		SUITE #	FORM OF PAYMENT	
BUSINESS CITY	BUSINESS STATE	BUSINESS ZIP	<input type="checkbox"/> Check (made payable to NAHU) <input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Visa - see below <input type="checkbox"/> Master Card - see below <input type="checkbox"/> Pre-Authorized Checking - see below	
BUSINESS TELEPHONE		BUSINESS FAX		
HOME ADDRESS (FOR LEGISLATIVE PURPOSES)				
HOME CITY				
EMAIL ADDRESS			UAHU PO Box 581485 Salt Lake City UT 84158-1485	
STATE SPONSOR/RECRUITED	Select Your Local Chapter <input type="checkbox"/> Northern Utah Chapter <input type="checkbox"/> Salt Lake Valley Chapter <input type="checkbox"/> Central Utah Chapter <input type="checkbox"/> Southern Utah Chapter			
Recruited By:				

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 ACCOUNT 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) where you are licensed.	Select all relevant practice areas from the list on the right	<input type="checkbox"/> LTC, <input type="checkbox"/> Individual, <input type="checkbox"/> TPA, <input type="checkbox"/> Disability, <input type="checkbox"/> Large Group, <input type="checkbox"/> Self Insured, <input type="checkbox"/> Managed Care, <input type="checkbox"/> Small Group, <input type="checkbox"/> Medicare, <input type="checkbox"/> Retirement, <input type="checkbox"/> Dental, <input type="checkbox"/> Worksite Mktg	