



# CAHU MEMBERSHIP APPLICATION

**YES!!! I want to become a member of the California Association of Health Underwriters.**

**PLEASE TYPE OR PRINT LEGIBLY**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Professional Designations (RHU, CLU, etc): \_\_\_\_\_

Insurance License #: \_\_\_\_\_

Company/Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

*Please specify your home zip code so we can identify your state and national elected representatives.*

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sponsor's Name: \_\_\_\_\_

**AUTOCHECK**  
*NAHU offers a pre-authorized payment system for membership dues. By completing this form and attaching a voided check, you can pay your membership dues on a monthly installment basis. Autocheck eliminates the danger of losing the benefits of membership because of a misplaced invoice, and frees up your cash flow for other expenses.*

I hereby authorize NAHU to initiate debit entries to my (our) account named below, herein after called bank.

This authority is to remain in full force and effect until BANK has received written notification from me (or either of us) of its termination in such time and in such manner as to afford BANK a reasonable opportunity to act on it. A customer has the right to stop payment on a debit entry by notification to BANK at least 3 days prior to the date scheduled for charging account. A customer also has the right to question BANK about any debit entry by notifying BANK not less than 60 days after BANK sends a statement to customer containing the entry. BANK will handle all such questions in accordance with its procedures and the requirements for resolving errors found in Regulation E issued by the Federal Reserve Board.

Name(s): \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

**Customer Bank Information:**

Bank Name: \_\_\_\_\_

Account #: \_\_\_\_\_

Routing #: \_\_\_\_\_

Account Name: \_\_\_\_\_

Starting Date: \_\_\_\_\_

Monthly amount: \$ \_\_\_\_\_ \*

**\* The monthly amount is 1/12 of the total dues amount.**

**IMPORTANT: Please attach a voided check. Thank you.**

**MEMBERSHIP DUES**

**NAHU portion of dues\*: \$195.00**

**CAHU dues: \$170.00**

**Local Chapter dues\*\*: \$ \_\_\_\_\_**

**TOTAL DUES: \$ \_\_\_\_\_**

**\*\* Check the chapter below you want to join**

**LOCAL CHAPTER DUES**

- Central California \$60
- Golden Gate \$25  
*(San Francisco and East Bay area)*
- Inland Empire \$25
- Kern \$50
- Los Angeles \$35
- Modesto \$25
- Monterey Bay \$30
- North Coast \$50
- North Valley \$25
- Orange County \$25
- Sacramento \$50
- San Diego \$25
- Santa Barbara \$25
- Silicon Valley \$35
- Ventura \$25

**PAYMENT OPTIONS**

Make checks payable to NAHU. Mail to CAHU P.O. Box 1071, Fresno, CA 93714

FAX completed form to (559) 227-1463 to bill your credit card for ANNUAL dues or on a MONTHLY basis (circle your preference of ANNUAL or MONTHLY):

\_\_\_\_\_ AMEX

\_\_\_\_\_ Mastercard

\_\_\_\_\_ VISA

Card #: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Call (800) 322-5934 for more information or answers to your questions!**

\*Please Note: According to IRS regulations, 80% of the \$195 paid to NAHU is deductible as a normal business expense.