



## IEAHU MEMBERSHIP APPLICATION ASSOCIATE MEMBERSHIP\*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Company \_\_\_\_\_

Business Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_ License \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Home Zip Code (For Legislative Representation) \_\_\_\_\_ Referred by \_\_\_\_\_

Chapter in which you are full member? \_\_\_\_\_

**Total Associate Member Annual Dues**

**\$60**

(\* **ASSOCIATE Membership is ONLY granted to Broker/Agents or Sales Representatives with Current Full Membership in another local chapter of CAHU/NAHU.**

### **Credit Card Authorization Form - (VISA, MasterCard or American Express)**

I (we) hereby authorize IEAHU to charge my (our) account indicated below.

Name \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_ Exp \_\_\_\_\_

*Submit application with \$60 check payable to **IEAHU**  
or credit card info to:*

IEAHU  
c/o Dawn Carroll, Exec. Dir.  
P.O. Box 11088  
San Bernardino, CA 92423-1088  
Phone: (866) 922-8387  
FAX: (951) 243-1618

### **Which committee would you like to serve on?**

- Membership \_\_\_\_\_
- Programs \_\_\_\_\_
- Hospitality \_\_\_\_\_
- Legislative \_\_\_\_\_
- Newsletter \_\_\_\_\_

**Check Us Out On the Web - [www.ieahu.org](http://www.ieahu.org)**