



National Association of Health Underwriters



## IEAHU MEMBERSHIP APPLICATION

Last Name \_\_\_\_\_ First name \_\_\_\_\_ Designations \_\_\_\_\_  
 Company \_\_\_\_\_ Title \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

*In order to better serve our members legislatively, we are now requesting full home address information.*

*With all the re-districting that has been happening, getting full home addresses will better enable us to tell which legislative district each of our members are located in. This information will be kept private and solely used for legislative purposes.*

Referral/Sponsor \_\_\_\_\_ License Number \_\_\_\_\_

### Please Mark the Box or Boxes For The Areas of Your Practice:

- |   |                                       |  |   |
|---|---------------------------------------|--|---|
| <input type="checkbox"/> Long Term Care | <input type="checkbox"/> Disability   | <input type="checkbox"/> Managed Care        | <input type="checkbox"/> Retirement     |
| <input type="checkbox"/> Individual     | <input type="checkbox"/> Large Group  | <input type="checkbox"/> Small Group         | <input type="checkbox"/> Worksite Mktg. |
| <input type="checkbox"/> TPA            | <input type="checkbox"/> Self Insured | <input type="checkbox"/> Medicare Supplement | <input type="checkbox"/> Dental         |

### MONTHLY 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:** (please attach a voided check)

Bank Name: \_\_\_\_\_  
 Account #: \_\_\_\_\_  
 Routing #: \_\_\_\_\_  
 Account Name: \_\_\_\_\_

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

### MEMBERSHIP DUES

NAHU portion of dues:	\$270.00
CAHU dues:	\$170.00
IEAHU Chapter dues:	\$ 25.00
<b>TOTAL DUES:</b>	<b>\$465.00</b>

*\*Only \$38.75 a Month!*

### PAYMENT OPTIONS

- Annual check made payable to NAHU  
 Annual Credit Card  
 OR  
 Monthly Credit Card

### Credit Card Authorization

- VISA     MasterCard     Am Ex     Discover

Card # \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ V Code \_\_\_\_\_  
 Name (on card) \_\_\_\_\_  
 Signature \_\_\_\_\_

### Mail or Fax Application to:

**IEAHU**  
 PO Box 11088  
 San Bernardino, CA 92423-1088  
 Fax #: 951-243-1618  
 Phone: 866-922-8387

### Which committee would you like to serve on:

- |                                      |                                      |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Membership  | <input type="checkbox"/> Programs    |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Legislation |
| <input type="checkbox"/> Newsletter  | <input type="checkbox"/> Awards      |

Email: [ieahu.administration@gmail.com](mailto:ieahu.administration@gmail.com)