



Idaho Association of Health Underwriters **ASSOCIATE MEMBER APPLICATION**

Last Name	First Name	Designation
-----------	------------	-------------

Company	Title
---------	-------

Business Address	City, State, Zip
------------------	------------------

Telephone	Fax	Recruiter/Sponsor
-----------	-----	-------------------

Email Address	Home Address	City, State, Zip
---------------	--------------	------------------

Signature	Date
-----------	------

Associate Membership is designed for those wishing to participate in and support the **Idaho Association of Health Underwriters**. Associate members cannot have a current producer's license or if they have a current license, they cannot have an active health producer appointment.

Idaho State Dues	\$40
Local Chapter Dues	\$40
Total	\$80

Please indicate form of payment: ___ Check (enclosed) ___ VISA or MC (below)

Credit Card Authorization

I authorize IAHU to initiate debt entries to my account indicated.

Name (as it appears on credit card)	Signature
-------------------------------------	-----------

Account Number	CVV (3 digit code on back)	Expiration
----------------	----------------------------	------------

Please make checks payable to IAHU
Mail to: P.O. Box 8102, Boise, ID 83707
Or email to: iahu.org@gmail.com