



NAHU APPLICATION

Last Name	First Name	Designation
Company	Title	Recruiter/Sponsor
Business Address	City, State, Zip	Phone/Fax
Home Address	City, State	Home Phone
E-Mail Address	Home Zip (for Legislative purpose)	

National Dues \$270.00
Idaho State Dues \$ 70.00
Local Chapter Dues \$ 20.00
 North Idaho (North of McCall)
 South Idaho (East of Glenns Ferry)
 Treasure Valley
 Eastern Idaho

Total \$360.00 annual or \$30.00 monthly bank draft

Please choose your form of payment:

Check (payable to NAHU)
 Visa
 MasterCard
 AmEx
 Discover

Or pay your dues in 12 monthly installments (choose form of payment):

Check (attach copy of voided check, 1/12th of total dues will be deducted on the 2nd of each month)
 Visa
 MasterCard
 AmEx
 Discover (1/12th of total dues will be charged each month)

Bank draft / Credit Card Authorization Form:

I (we) hereby authorize NAHU to initiate debt entries to my (our) account indicated. Monthly debits will equal one-twelfth of any current applicable national, state, or local dues. (Attach copy of voided check for bank draft)

Name (as it appears on the check or credit card)	Signature	
Account Number (credit card only)	Type of credit card	Expiration date

Mail to:
 Idaho Association of Health Underwriters
 PO Box 8102
 Boise ID 83707

Fax to: Wendy Leatham, Executive Assistant
 (with credit card number or copy of voided check)
 208-473-2858