



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 \$330.00
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 \$420.00 annual or \$34.99 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 | Type of credit card | Expiration date |
|----------------|---------------------|-----------------|

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

Email to: iahu.org@gmail.com
 (with credit card number or copy of voided check)