



MEMBERSHIP APPLICATION

Name _____ Title _____

Company _____ Designation _____

Business Address _____

City _____ State _____ ZIP _____

Email _____ Phone _____

Referral/Sponsor _____

Home ZIP Code (for legislative purposes) _____ Local Association Pittsburgh AHU

* Pittsburgh AHU is a local chapter of the National Association of Health Underwriters (NAHU).

NAHU Portion of Dues	\$338 Annual Payment
State Portion of Dues	\$80 Annual Payment
Local Portion of Dues	\$40 Annual Payment

Total Amount	\$458 Annually
Monthly Draft	\$38.18 per month*

- Bill total amount due of \$458.
- Bill monthly; I (we) hereby authorize NAHU to initiate debit entries to my (our) account indicated. Monthly debits will equal one-twelfth of any current applicable national, state, or local dues.*

Form of Payment Enclosed

- Check payable to NAHU
- Bank Draft - attach voided check
- Credit Card



Name (as it appears on the check or credit card)

Authorized Signature

Account Number

Expiration Date

Email application with credit card payment to: **membership@PittsburghAHU.org**

Or mail application with check (**made payable to NAHU**) to:

Pittsburgh AHU, Attn: Membership, PO Box 23124, Pittsburgh PA 15222-6124

PittsburghAHU.org