



# 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	\$346 Annual Payment
State Portion of Dues	\$80 Annual Payment
Local Portion of Dues	\$40 Annual Payment

<b>Total Amount</b>	<b>\$466 Annually</b>
<b>Monthly Draft</b>	<b>\$38.83 per month*</b>

- Bill \$466 annual dues due annually on anniversary date.
- Bill total amount due of \$466.
- 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

CID/Security 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**

[www.PittsburghAHU.org](http://www.PittsburghAHU.org)