



North Carolina Association of Health Underwriters



NCAHU Membership Application

_____	_____	_____	_____
Last Name	First Name	Designation	
_____	_____	_____	_____
Company	Title	Referral/Sponsor	
_____	_____	_____	_____
Mailing Street Address	City	State	Zip
_____	_____	_____	_____
Telephone	Fax	E-Mail Address	
_____	_____	_____	_____
Home Street Address (for legislative purposes)	City	State	Zip
_____	_____	_____	_____

<p>Select your local chapter:</p> <p><input type="checkbox"/> CHARLOTTE \$340.00</p> <p><input type="checkbox"/> COASTAL (Wilmington)..... \$290.00</p> <p><input type="checkbox"/> EASTERN (Greenville)..... \$265.00</p> <p><input type="checkbox"/> SANDHILLS (Fayetteville)..... \$285.00</p> <p><input type="checkbox"/> TRIAD \$275.00</p> <p><input type="checkbox"/> TRIANGLE..... \$290.00</p> <p><input type="checkbox"/> WESTERN (Asheville)..... \$290.00</p> <p><input type="checkbox"/> WESTERN PIEDMONT (Hickory) \$270.00</p>	<p>Form of Payment Enclosed:</p> <p><input type="checkbox"/> Monthly Draft (please select one)</p> <p style="padding-left: 40px;"><input type="checkbox"/> Checking Account <input type="checkbox"/> Credit Card</p> <p><input type="checkbox"/> Annual Payment (please select one)</p> <p style="padding-left: 40px;"><input type="checkbox"/> Check (payable to NAHU)</p> <p style="padding-left: 40px;"><input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AmEx <input type="checkbox"/> Discover</p>
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Bankdraft / Credit Card Authorization Form:

I (we) hereby authorize NAHU to initiate debit entries to my (our) account as indicated.
Note: Monthly debits will equal one-twelfth of any current applicable national, state or local dues.
 (Please include a voided check from the account to be drafted, or write credit card number below)

_____	_____
Name (as it appears on the check or credit card)	Signature
_____	_____
Account Number	Expiration Date

Once completed, send to: **MAIL**
NCAHU
PO Box 38905
Greensboro, NC 27438

FAX
336-605-9103