

New Member Application Form

Yes! I want to become a member of the Triangle Association of Health Underwriters

Name _____ Designation(s) _____

Company/Agency _____ Title _____

Address _____

Phone _____ Fax _____ HOME Zip Code _____

Email Address _____

TAHU Referral/Sponsor _____

I am interested in being involved in the following areas:

- | | |
|--|---|
| <input type="checkbox"/> State Association Officer | <input type="checkbox"/> Media Relations |
| <input type="checkbox"/> Local Board of Directors | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Awards | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Continuing Education | <input type="checkbox"/> Public Service |
| <input type="checkbox"/> Golf Tournament | <input type="checkbox"/> Special Projects |
| <input type="checkbox"/> HUPAC/NCPAC | <input type="checkbox"/> Website |
| <input type="checkbox"/> Law & Legislation | <input type="checkbox"/> Other _____ |

Membership Annual Dues

\$145.00 NAHU National Dues

\$45.00 NCAHU State Chapter Dues

\$50.00 TAHU Local Chapter Dues

\$240.00 Total Annual Dues

Form of Payment Enclosed (Select one)

Check (Attach a check payable to "NAHU")

Visa/MasterCard or other credit card (Use form below)

Monthly Bankdraft (Use form below and attach a voided check)

Bank Draft / Credit Card Authorization

I (we) hereby authorize NAHU to initiate debit entries to my (our) account as indicated.

Monthly debits will equal one-twelfth of any current applicable dues.

Name _____

Signature _____

Credit Card: Visa _____ MasterCard _____ Amex _____ Discover _____

Account # _____ Exp. Date _____

Mail your completed application to:

Triangle Association of Health Underwriters
P.O. Box 268
Morrisville, NC 27560