NAHU Membership Application

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

Local Association: Central Florida Chapter (CFAHU)

Dues & Payment Method:	Annual	Monthly
Central Florida Dues	$ 60.00	$ 5.00
Florida Dues	$ 65.00	$ 5.42
National Dues	$145.00	$12.08
Total	$270.00	$22.50

Dues are paid for membership in the National, State and Local Associations.

Form of Payment: **ANNUAL ( )** **or** **MONTHLY ( )**

( ) Check- payable to NAHU **( ) Bank Draft** **( ) Visa** **( ) MasterCard** **( ) AmExp**

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 all currently applicable national, state and local dues. (Attach a copy of voided check for bank draft)

X

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

Account Number **Type of Credit Card (Visa, MC, AMX)** **Exp. Date**

Please indicate your areas of practice:

__ Long Term Care	__ Disability	__ Managed Care
__ Individual	__ Large Group	__ Small Group
__ Long Term Care	__ Self Insured	__ Medicare Supplement

Mail to:
National Association of Health Underwriters
Central Florida Chapter
P.O. Box 160790
Altamonte Springs, F1 32716-0790

Fax to:
Vickey Wollan – Membership Chair
(407) 695-0621 – phone and fax