

# LA Association of Health Underwriters Application

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First Name Last Name Designation

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Company Name Title

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Business Address City, State, Zip Code

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Telephone Fax Recruiter ~ Who informed you about our Association?

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E-Mail Address Website

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Home Address (for Legislative purposes) City, State, Zip Code Phone

**Choose your chapter:**

- |                                       |                   |                      |
|---------------------------------------|-------------------|----------------------|
| <input type="radio"/> Baton Rouge AHU | \$450 Annual Dues | \$37.50 Monthly Dues |
| <input type="radio"/> New Orleans AHU | \$400 Annual Dues | \$33.33 Monthly Dues |
| <input type="radio"/> Lafayette AHU   | \$375 Annual Dues | \$31.25 Monthly Dues |
| <input type="radio"/> Shreveport AHU  | \$400 Annual Dues | \$33.33 Monthly Dues |
| <input type="radio"/> Monroe AHU      | \$360 Annual Dues | \$30.00 Monthly Dues |

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**Please choose your form of payment: ANNUALLY**

- Check (payable to NAHU)  
VISA  Master Card  AmEx  Discover

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**OR pay your dues in 12 monthly installments. MONTHLY (Choose form of payment:)**

- Check (Attach VOIDED check)  
 VISA  Master Card  AmEx  Discover

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**Bankdraft / Credit Card Authorization form:**

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. (Attach copy of voided check for bankdraft.)

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

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Account Number (Credit Card only) Exp. Date Type of credit card (VISA, MC, AMEX, DISCOVER)

**MAIL TO:**  
Louisiana Association of Health Underwriters  
15206 John West Road  
Gonzales, LA 70737

**FAX TO: (225) 622-3070**  
Attach the Credit Card number  
or a copy of the VOIDED check.