



National Association of Health Underwriters Membership Application

YES! I want to become a member of the National Association of Health Underwriters. Please see that I start receiving Health Insurance Underwriter, the official publication of NAHU.* Enclosed is my payment for membership.

Name: _____

Company/Agency: _____

Title: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Areas of Practice: ___ Long Term Care ___ Individual ___ TPA ___ Small Group ___ Medicare
___ Disability ___ Large Group ___ Dental ___ Rx/ PBM ___ Self-Insured ___
Other: _____

Name of Local Association: (Choose One) Acadiana (Lafayette Area) Baton Rouge
 New Orleans NorthEast (Monroe) Red River (Shreveport Area)

Sponsor/ Recruiter: _____

Payment By: Check (Payable to NAHU) Monthly Bank Draft (\$17.67 per month)
 Credit Card- Full Payment Credit Card Monthly Draft (\$17.67 per month)

Visa MasterCard American Express Discover
Credit Card Payment Information (Please Complete)

Card #: _____ Expiration: _____

Signature: _____

Membership Fees:

(Annual Amount / Monthly Bank or Credit Card Draft Amount)

Acadiana: (\$200 / \$16.67) **Baton Rouge:** (\$275 / \$22.92)

New Orleans: (\$225 / \$18.75) **NorthEast:** (\$185 / \$15.42)

Red River: (\$215 / \$17.92)

Membership includes dues for national, state & local chapter.

Mail completed application with payment to:

NAHU Membership
PO Box 8765, Metairie, LA 70010

NAHU Dues may be deducted as a business expense but not as a charitable contribution.
NAHU has determined that 75% of your national dues are tax deductible under IRS Section 6033.