



**Monterey Bay Association of
Health Underwriters**
MEMBERSHIP APPLICATION



Name: _____ Designations: _____
 Title: _____ License #: _____
 Company: _____
 Business Address: _____
 City/State/Zip: _____
 Phone: (____) _____ Fax: (____) _____
 E-Mail Address: _____
 Home Address: _____
 City/State/Zip: _____
 Sponsor: _____

Annual Membership Dues:

- Full Membership:**
 National Dues: \$145.00
 State Dues: \$170.00
 Local Dues: \$ 25.00
Total Dues: \$340.00

- Associate Membership: \$ 50.00**
(Associate membership apply only to those individuals who do not have an insurance license, or who do, but belong to another NAHU chapter and would like to be included in MBAHU member mailings and events)
Name of your full membership NAHU chapter: _____

Payment Method:

- Check**
*Full membership – make check payable to NAHU
 Associate membership – make check payable to MBAHU*
- Bank Draft/Auto check**
Bank Draft Authorization:
I (we) hereby authorize NAHU to initiate debit entries to my (our) account named below:
 Bank Name: _____ Account #: _____
 Account Name: _____ Signature: _____
Please attach a voided check to authorize payment of your membership dues on a monthly installment basis.
Monthly amount is 1/12 of the total dues amount.
- Credit Card**
Credit Card Authorization:
 Name (as it appears on credit card): _____
 Card #: _____ Visa/MasterCard/American Express (please circle one)
 Exp.date: _____ Signature: _____

Return Membership Application and Payment to:
Monterey Bay Association of Health Underwriters
Attn: Cynthia Downing, Executive Director
 P.O. Box 1071, Fresno, CA 93714
 Or, Fax to: (559) 227-1463