

JOIN SVAHU
THE PREMIER ASSOCIATION FOR
HEALTH BENEFITS PROFESSIONALS



MEMBERSHIP APPLICATION

LAST NAME FIRST NAME MIDDLE DESIGNATIONS

COMPANY TITLE

BUSINESS ADDRESS CITY, STATE, ZIP

HOME ADDRESS CITY, STATE, ZIP

PHONE FAX REFERRAL / SPONSOR

EMAIL

DUES & PAYMENT METHOD

	ANNUAL PAYMENT	MONTHLY BANK DRAFT	FORM OF PAYMENT
NAT'L DUES:	\$ 195.00	\$ 16.25	<input type="checkbox"/> Check (payable to NAHU)
STATE DUES:	\$ 170.00	\$ 14.17	<input type="checkbox"/> Bank Draft
LOCAL DUES:	\$ 35.00	\$ 2.92	<input type="checkbox"/> VISA
ANNUAL DUES:	\$ 400.00	\$ 33.34/ MONTH	<input type="checkbox"/> Mastercard
Associate Membership:	\$ 50.00*		<input type="checkbox"/> American Express

Bank Draft / Credit Card Authorization

*I (we) hereby authorize NAHU to initiate debt entries to my (our) account indicated (for automatic withdrawals from your checking account, please **attach a voided check** to this application). Monthly debits will equal one-twelfth of any current applicable national, state or local dues.*

NAME (as it appears on Check or Credit Card) Signature

Account Number Expiration Date

I am interested in the following SVAHU committees:

- | | |
|---|--|
| <input type="checkbox"/> Agent Carrier Relations Ad Hoc Committee | <input type="checkbox"/> Charity Golf Committee |
| <input type="checkbox"/> Awards Committee | <input type="checkbox"/> Community Service Committee |
| <input type="checkbox"/> Education Committee | <input type="checkbox"/> Sales Expo Committee |
| <input type="checkbox"/> Membership Committee | <input type="checkbox"/> Social Committee |
| <input type="checkbox"/> Legislation Committee | <input type="checkbox"/> Newsletter Committee |

* Associate Member Annual Dues apply **ONLY** to those individuals who do not have an insurance license or, who do, but belong to another NAHU chapter & want to be included in SVAHU mailings and bi-monthly newsletter. **IMPORTANT: Name of your primary NAHU Chapter:** _____

**Return Membership Application to: Silicon Valley Association of Health Underwriters
P.O Box 1071, Fresno, CA 93714, or if payment by credit card, fax to (559) 227-1463**