

MEMBERSHIP APPLICATION for NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS- DALLAS CHAPTER

Name: _____ Designations: _____
 Company: _____ E-mail: _____
 Company Address: _____ City/State/Zip: _____
 Company Phone: _____ Company Fax: _____
 Home Address (Legislative Purposes): _____ City/State/Zip: _____
 Home Phone: _____ Home E-mail: _____ Sponsored by: _____

DUES:

	Single Payment	or	Monthly Bank Draft
NAHU (national portion)	\$ 195.00		\$ 16.25
TAHU (state portion)	\$ 100.00		\$ 8.33
DAHU (local portion)	<u>\$ 26.00</u>		<u>\$ 2.17</u>
Total Annual Dues	\$321.00		\$26.75

PAYMENT:

CHECK OUT OUR WEBSITE: www.dahu.org

Monthly (Bank Draft - attach voided check or Credit Card – complete info below to initiate): I hereby authorize NAHU to initiate debit entries to my account as indicated. Monthly debits will equal one-twelfth of any current applicable national, state and local dues. This is the preferred method of payment, but not required.

Check (payable to: NAHU)

Credit Card (\$271.00)

Please complete for credit card (monthly or \$271.00): ___ VISA ___ MasterCard ___ American Express

IS THIS A DEBIT CARD? _____ **Card#:** _____ **Expiration Date:** _____

***SIGNATURE:** _____

Send completed application with method of payment:

MAIL To:
 Marcia Snell
 8918 Doliver Drive
 Rowlett, TX 75088



FAX To:
 Marcia Snell @ 214-405-0153
 Include credit card info or copy of voided check to initiate monthly bank draft.