



Central California Association of Health Underwriters **ASSOCIATE MEMBERSHIP* APPLICATION**

**Associate members must have a full NAHU membership at a different local chapter*
Annual Dues : \$75

Date: _____

Name: _____

Title: _____

Professional Designation: _____ Insurance License #: _____

Company/Agency: _____

Address: _____

City/State/Zip: _____

Telephone: (_____) _____ - _____ FAX: (_____) _____ - _____

E-Mail Address: _____

Home Address: _____ Home Phone: (_____) _____ - _____

City/State/Zip: _____

Sponsor's Name: _____

My Full Membership Chapter is: _____

Signature: _____

Dues Amount: \$75

Payment Method: **Check** (*please make payable to CCAHU*) **Credit Card**

CREDIT CARD: (*Please Circle*) AMEX VISA MASTERCARD

Card Number _____ Exp. _____ Card V-Code: _____
(3 or 4 digit # on the back of the card)

Credit Card Billing Address _____
Street City Zip

Send to:
CCAHU 4747 N. First, Suite 140 Fresno, CA 93726
Phone: 800-347-5950/ Fax: 559 -227-1463/Email:info@ccahu.org
www.ccahu.org