



CCAHU MEMBERSHIP APPLICATION CENTRAL CALIFORNIA ASSOCIATION OF HEALTH UNDERWRITERS

_____ Yes, I want to become a member of the Central California Association of Health Underwriters.

PLEASE TYPE OR PRINT LEGIBLY

Name: _____

Title: _____ Male Female

Professional Designations: _____ License # _____

Job Description: (brief) _____

Are you paid commission from sales? Yes No

Company/Agency: _____

Address: _____

City/State/Zip: _____

Telephone: (____) _____ fax: (____) _____

E-Mail: _____

Home Address: _____

City/State/Zip : _____

Sponsor's Name: _____

Signature: _____ Date: _____

NAHU portion of dues:\$195.00
CAHU portion of dues:.....\$170.00
CCAHU (local portion of dues).....\$ 60.00

TOTAL DUES: \$425.00

PAYMENT OPTIONS

Check made payable to **NAHU**

Mail to: CCAHU Membership
PO Box 1071, Fresno, CA 93714-1071

FAX completed form to:
(559) 227-1463 to bill your credit card

(circle one): **AMEX** **Mastercard** **VISA**

Card # _____

Expiration Date: _____

~AUTOCHECK~

NAHU offers a pre-authorized payment system for membership dues. By completing this form and attaching a voided check, you can pay your membership dues on a monthly installment basis. Autocheck eliminates the danger of losing the benefits of membership because of a misplaced invoice, and frees up your cash flow for other expenses.

I hereby authorize NAHU to initiate debit entries to my (our) account named below, herein after called BANK. This authority is to remain in full force and effect until BANK has received written notification from me (or either of us) of its termination in such time and in such manner as to afford BANK a reasonable opportunity to act on it. A customer has the right to stop payment on a debit entry by notification to BANK at least 3 days prior to the date scheduled for charging account. A customer also has the right to question BANK about any debit entry by notifying BANK not less than 60 days after BANK sends a statement to customer containing the entry. BANK will handle all such questions in accordance with its procedures and the requirements for resolving errors found in Regulation E issued by the Federal Reserve Board.

Name(s): _____

SSN#(s): _____

Date: _____

Signed: _____

Customer Bank Name: _____

Customer Account #: _____

Customer Account Name: _____

Starting Date _____

Amount: \$ _____

*** IMPORTANT:** Please attach a voided check. Thank you.

Questions? Call (559) 447-0232

*Autocheck participants: Monthly amount is 1/12 of total dues amount.