



## Central California Association of Health Underwriters STAFF MEMBERSHIP\* APPLICATION

*\*Staff members must be a staff member (non-sales) of a full NAHU/CCAHU member*  
**Annual Dues: \$75**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title\*: \_\_\_\_\_  
*\*Staff members must be a staff member (non-sales) of a full NAHU/CCAHU member*

Company/Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Sponsor's Name: \_\_\_\_\_

**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