Join the National Association of Health Underwriters (**NAHU**), the Missouri Association of Health Underwriters (**MOAHU**) and the Springfield Association of Health Underwriters (**SAHU**) **all in one application.**

_____
Last Name First Name Designations

Company/Agency_____

Business Address_____

City_____ State _____Zip _____

Home Address_____

City_____ State_____ Zip_____

Work Telephone (_____)_____-_____ Home Telephone (_____)_____- ____

E-mail_____@_____ Work Fax (_____)_____- _____

Recruiter's Name: _____
Local Association: Springfield Association of Health Underwriters

Practice Areas: ___Long Term Care ___Disability ___Managed Care ___ Retirement ___Individual ___Large Group ___Small Group ___Worksite Mktg. ___TPA ___Self Insured ___Medicare Supplement ___Dental (Mark all that apply)

DUES Breakdown:

NAHU dues	$270.00
State dues (MAHU)	$50.00
Local dues (SAHU)	$125.00 (includes meals)
Total Due:	**$445.00 (payable to NAHU)**

Form of Payment Enclosed: **Amount: _____**
[ ] Monthly Draft (please select one) [ ] Checking Account [ ] Credit Card
[ ] Check (**payable to NAHU**)
[ ] Annual Credit Card (please select one) [ ] Visa [ ] MasterCard [ ] Am Ex [ ] Discover

Bankdraft / Credit Card Authorization Form:
I (we) hereby authorize NAHU to initiate debit entries to my (our) account as indicated.
- Monthly debits will equal one-twelfth of any current applicable national, state or local dues.
- (Please include a voided check from the account to be drafted, or write credit card number below)

_____ _____
Name (as it appears on the check or credit card) Signature

_____
Account Number Expiration Date

Return completed form via fax to 417-886-3685, or mail to SAHU, c/o Jean Harmison, 1717 E. Republic Road Suite A, Springfield, MO 65804 ~ Phone: 417-886-8606 ~ jean@clubmanagementservices.com