



Join the National Association of Health Underwriters (**NAHU**), the Missouri Association of Health Underwriters (**MOAHU**) and the St. Louis Association of Health Underwriters (**SLAHU**) **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:** \_\_\_\_\_

**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 (SLAHU)	<u>\$55.00</u>
<b>Total Due:</b>	<b>\$375.00 (payable to NAHU)</b>

**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 636/519-1403, or mail to SLAHU, c/o Dave Drennan, 1954 Sumter Ridge Court, Chesterfield, MO 63017