



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

 First Name Last 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 \$346.00
 State dues (MOAHU) \$ 50.00
 Local Dues (CMAHU) \$ 55.00
 Total Due: \$451.00 (check made payable to NAHU)

Form of Payment Enclosed:

- Monthly Draft (please select one)
- Check (**payable to NAHU**)
- Annual Credit Card (please select one)

Amount: _____

- Checking Account Credit Card
- 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 scan to slahuoffice@aol.com, via fax to 636/519-1403, or mail to NAHU, c/o Dave Drennan, 1954 Sumter Ridge Court, Chesterfield, MO 63017