



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.**

 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: _____

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 \$346.00
 State dues (MOAHU) \$50.00
 Local dues (SLAHU) \$125.00
 Total Due: \$521.00 **(check made 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 Email: jean@clubmanagementservices.com