



# Los Angeles Association of Health Underwriters

Executive Office: 2520 Venture Oaks Way, Suit 150, Sacramento CA, 95833

Telephone: (800) 676-1628 - Fax: (916) 924-7323

## MEMBERSHIP APPLICATION

**YES!!!** I want to become a member of the Los Angeles Area Chapter of NAHU.

**PLEASE TYPE OR PRINT LEGIBLY**

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

Title: \_\_\_\_\_ Insurance License #: \_\_\_\_\_

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

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

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

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

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

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

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

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

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

Your membership includes the Health Insurance Underwriter Magazine, The STATEment CAHU Magazine, and LAAHU Times, as well as access to continuing education credits.

NAHU portion of dues:	\$270.00
CAHU portion of dues:	\$170.00
LAAHU portion of dues:	<u>\$35.00</u>
TOTAL:	\$475.00*

\*Autocheck participants: Monthly amount is 1/12 the total dues amount.

### DUES PAYMENT OPTIONS

- CHECK:** Make checks payable to NAHU and mail to LAAHU:  
2520 Venture Oaks Way, Suit 150, Sacramento CA, 95833
- CREDIT CARD:** Complete the information below and FAX to Attn: LAAHU  
(916) 924-7323

Card type (circle one)      AMEX    Mastercard    VISA  
 Card Number: \_\_\_\_\_  
 Exp. Date: \_\_\_\_\_ 3 or 4 #CVC \_\_\_\_\_  
 Signature: \_\_\_\_\_

## AUTOCHECK

*NAHU offers a pre-authorized payment system for membership dues. By completing this form and attaching a voided check, you can pay your membership dues on a monthly installment basis. Autocheck eliminates the danger of losing benefits of membership because of a misplaced invoice, and frees up your cash flow for other expenses.*

I hereby authorize NAHU to initiate debit entries to my (our) account named below, hereinafter called bank.

This authority is to remain in full force and effect until BANK has received written notification from me (or either of us) of its termination in such manner as to afford BANK a reasonable opportunity to act on it. A customer has the right to stop payment on a debit entry by notification to BANK at least three (3) days prior to the date scheduled for charging account. A customer also has the right to question BANK about any debit entry notifying the BANK no less than sixty (60) days after BANK sends a statement to customer containing the entry. BANK will handle all such questions in accordance with its procedures and the requirements for resolving errors found in Regulation E issued by the Federal Reserve Board.

Name(s): \_\_\_\_\_

SS# or #'s: \_\_\_\_\_

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

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_

Customer Bank Name: \_\_\_\_\_

Customer Account #: \_\_\_\_\_

Customer Account Name: \_\_\_\_\_

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

Amount: \$ \_\_\_\_\_

**IMPORTANT:** Please attach a voided check. Thank you.