

**East Texas Association of Health Underwriters
Associate Membership Application**



Name: _____

Company/Agency: _____

Business Address: _____

City: _____, Texas Zip Code: _____

Business Telephone # _____ Fax # _____

E-mail Address: _____

Home Address: _____

(Confidential – needed for identifying the political districts of our members)

City: _____, Texas Zip Code _____

Home Telephone # _____ Cell Phone # _____

Preferred Mailing Address: (Please circle one)
Business Home Referring Member: _____

DUES	
ETAHU Portion – Local	\$ 25.00
Total	\$ 25.00

Payment Methods

- Check (Annual Dues Only – Please make check payable to NAHU)
- Credit Card: MasterCard Visa Discover American Express (please circle one)

Name on Card _____

Expiration Date _____ Card Number _____

Signature _____ Date _____

Amount _____ Monthly Annually (please circle one)

This authorization is to remain until NAHU / TAHU has received written notification from me of its termination. I authorize Association Headquarters to charge my credit card for the amount as shown above.

Contributions or gifts to this organization are not deductible as charitable contributions for federal income tax purposes. However, dues payments are deductible by members as an ordinary and necessary business expense. Under IRS rules IR-93-98 and notice 93-95, the government now requires exempt organizations to estimate the percentage of a member's dues utilized for lobbying purposes. It has been determined that 66% of your state and national dues is still deductible as a business expense under IRS rules.

Mail completed form along with payment to:

**ETAHU
P. O. Box 133214
Tyler, TX 75713-3214**