

East Texas Association of Health Underwriters 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: Business Home Referring Member: _____
(Please circle one)

DUES

NAHU Portion – National \$195.00

TAHU Portion – State \$100.00

ETAHU Portion – Local \$ 25.00

Total \$320.00

Payment Methods

- Monthly Bank Draft – Please attached voided check

Bank Draft Authorization

I authorize the National / Texas Association of Health Underwriters (NAHU / TAHU) to initiate debit entries in the monthly amount of **\$26.67**; charging my checking account as described on the accompanying voided check. This authorization is to remain in force until NAHU / TAHU has received written notification from me of its termination in such time and manner as to afford NAHU / TAHU and my depository reasonable opportunity to act upon it.

Signature _____ Date _____

- 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 _____

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.

Mail completed form along with payment to:

ETAHU

P.O. Box 133214

Tyler, TX 75713-3214