



NAHU Membership Application



Last Name		First Name	Designation	
Company		Title	Referral/Sponsor	
Mailing Street Address		City	State	Zip
Telephone		Fax	Work E-Mail Address	
Home Street Address (for legislative purposes)		City	State	Zip
Home Phone Number		Home Email Address		
Local Association (see other side of this application)				

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

Please Mark the Box or Boxes For The Areas of Your Practice:

<input type="checkbox"/> Long Term Care	<input type="checkbox"/> Disability	<input type="checkbox"/> Managed Care	<input type="checkbox"/> Retirement
<input type="checkbox"/> Individual	<input type="checkbox"/> Large Group	<input type="checkbox"/> Small Group	<input type="checkbox"/> Worksite Mktg.
<input type="checkbox"/> TPA	<input type="checkbox"/> Self Insured	<input type="checkbox"/> Medicare Supplement	<input type="checkbox"/> Dental

Mail To: NAHU, 2000 N. 14th Street, Suite 450, Arlington, VA 22201
Fax to: 703 841-7795

If you have questions, please contact Illana Maze,
NAHU Sr. VP Marketing & Development,
at 703-276-3810