



North Carolina Association of Health Underwriters



NCAHU Membership Application

_____ Last Name	_____ First Name	_____ Designation	
_____ Company	_____ Title	_____ Referral/Sponsor	
_____ Mailing Street Address	_____ City	_____ State	_____ Zip
_____ Telephone	_____ Fax	_____ E-Mail Address	
_____ Home Street Address (for legislative purposes)	_____ City	_____ State	_____ Zip

Select your local chapter: <input type="checkbox"/> CHARLOTTE \$415.00 <input type="checkbox"/> COASTAL (Wilmington) \$365.00 <input type="checkbox"/> SANDHILLS (Fayetteville) \$360.00 <input type="checkbox"/> TRIAD \$350.00 <input type="checkbox"/> TRIANGLE \$365.00 <input type="checkbox"/> WESTERN (Asheville) \$365.00 <input type="checkbox"/> WESTERN PIEDMONT (Hickory) \$355.00	Form of Payment Enclosed: <input type="checkbox"/> Monthly Draft (please select one) <input type="checkbox"/> Checking Account <input type="checkbox"/> Credit Card <input type="checkbox"/> Annual Payment (please select one) <input type="checkbox"/> Check (payable to NAHU) <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AmEx <input type="checkbox"/> Discover
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Bankdraft / Credit Card Authorization Form:

I (we) hereby authorize NAHU to initiate debit entries to my (our) account as indicated.

Note: 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

Once completed, send to: **MAIL**
NCAHU
PO Box 38905
Greensboro, NC 27438

FAX
336-605-9103

Email: Carol@ncahu.org

11/07/2011