



# North Carolina Association of Health Underwriters



## NCAHU Membership Application

_____	_____	_____	
<b>Last Name</b>	<b>First Name</b>	<b>Designation(s)</b>	
_____	_____	_____	
<b>Company</b>	<b>Title</b>	<b>Referral/Sponsor</b>	
_____	_____	_____	
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
_____	_____	_____	_____
<b>Work Telephone</b>	<b>Fax</b>	<b>Work E-Mail Address</b>	
_____	_____	_____	
<b>Home Address (for legislative purposes)</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
_____	_____	_____	_____
<b>Home Telephone</b>	<b>Alt Phone</b>	<b>Home E-Mail Address</b>	
_____	_____	_____	

**Select your local chapter:**

<input type="checkbox"/> CHARLOTTE .....	\$290.00	\$24.16/mo
<input type="checkbox"/> COASTAL (Wilmington).....	240.00	20.00/mo
<input type="checkbox"/> EASTERN (Greenville).....	215.00	17.92/mo
<input type="checkbox"/> SANDHILLS (Fayetteville) .....	235.00	19.58/mo
<input type="checkbox"/> TRIAD .....	225.00	18.75/mo
<input type="checkbox"/> TRIANGLE .....	240.00	20.00/mo
<input type="checkbox"/> WESTERN (Asheville).....	240.00	20.00/mo
<input type="checkbox"/> WESTERN PIEDMONT (Hickory) .....	220.00	18.33/mo

**Form of Payment Enclosed:**

Monthly Draft (please select one)  
 Checking Account     Credit Card

Annual Payment (please select one)  
 Check (payable to NAHU)  
 Visa     MasterCard     AmEx     Discover

### 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:** NAHU  
 2000 N. 14th Street, Suite 450  
 Arlington, VA 22201  
 fax: 703 841-7795

NAHU  
 P.O. Box 38905  
 Greensboro, NC 27438  
 fax: 336-605-9103  
 email: carol4ncahu@aol.com