

*Modesto Association of
Health Underwriters*
MEMBERSHIP APPLICATION



Name: _____ Designations: _____
Title: _____ License #: _____
Company: _____
Business Address: _____
City/State/Zip: _____
Phone: (____) _____ Fax: (____) _____
E-Mail Address: _____
Home Address: _____
City/State/Zip: _____
Sponsor: _____

Annual Membership Dues:

- Full Membership:**
National Dues: \$270.00
State Dues: \$170.00
Local Dues: \$ 25.00
Total Dues: \$465.00

- Associate Membership: \$ 50.00**

Name of your full membership NAHU Chapter: _____

- Staff Membership: \$75.00**

(Staff membership apply only to those individuals who do not have an insurance license, or who do, not belong to another NAHU chapter and would like to be included in MAHU member mailings and events)

Payment Method:

- Check**
Full membership – make check payable to NAHU
Associate & Staff membership – make check payable to MAHU

- Bank Draft/Auto check**

Bank Draft Authorization:

I (we) hereby authorize NAHU to initiate debit entries to my (our) account named below:

Bank Name: _____ Account #: _____

Account Name: _____ Signature: _____

Please attach a voided check to authorize payment of your membership dues on a monthly installment basis.
Monthly amount is $\frac{1}{12}$ of the total dues amount: \$38.75 per month.

- Credit Card (Please indicate Monthly or Annual Option)**

Credit Card Authorization:

Name (as it appears on credit card): _____

Card #: _____ Visa/MasterCard/American Express (please circle one)

Exp. date: _____ Signature: _____

Return Membership Application and Payment to:
Modesto Association of Health Underwriters
4747 N. First, Suite 140, Fresno, CA 93726
Phone: 800-926-5450