

Houston Association of Health Underwriters Membership Application

Last Name	First Name		Designation Referral/Sponsor	
Company	Title	m,		
Mailing Street Address	City	State	Zip	
 Telephone	Fax ** Work E-Mail Addr		k E-Mail Address	
Home Street Address (for legis	lative purposes) City	State	Zip	
Committees I'd like to he	elp on:			
Membership Education Events (CE)	Special Events Legislation	Newsletter Anywhere I	Sponsors can be useful	
Dues: Monthly	- Bank Draft or CC \$36.25	Charge or Si	ngle Payment \$435.00	
Form of Payment: [] Monthly Draft (please se [] Check (payable to NAHU [] Annual Credit Card (plea Bank Draft/Credit Card Aut	elect one) [] Checking l) ase select one) [] Vis			
I (we) hereby authorize NAHU Monthly debits will equ		rrent applicable nation	al, state or local dues.	
Name (as it appears on the check Number	c or credit card)	Routing Number	Bank Account	
Credit Card Number	Exp. Date Securi	ty Code Sigr	nature	

Send To: HAHU P.O. Box 31475 Houston, TX 77231 (713) 520-5720 Fax 713-583-2858 www.hahu.org