

CBAHU Membership Application

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

Full NAHU Membership:

NAHU Dues	\$290.00	<input type="checkbox"/>	Check payable to NAHU
TAHU Dues	\$100.00	<input type="checkbox"/>	Monthly Bank draft \$33.75 / month
CBAHU Dues	\$15.00	<input type="checkbox"/>	Visa, Mastercard, AMEX
TOTAL Dues	\$405.00		

Local **Affiliate Member**: \$55.00
 Current full member of another TAHU Chapter

Local **Associate Member**: \$75.00
 Support staff not working in sales capacity
**Bank Draft is not available on Affiliate/Associate members*

Check payable to CBAHU

[Paypal](#) (Please attach copy of confirmation)

Amount Charged: \$ _____

Credit card #: _____

Signature: _____

Expiration Date: _____ Security Code: _____ Circle One: VISA M/C AMEX

Bank Draft Authorization: I / We hereby authorize the National Association of Health Underwriters to initiate debit entries to my / our account named at the Bank below, hereinafter called BANK. This authority is to remain in force and effect until BANK has received written notification from me / us of its termination in such time and in such manner as to afford BANK a reasonable opportunity to act on it. **(A BLANK VOIDED CHECK FROM THE ACCOUNT YOU WISH TO HAVE DEBITED MUST ACCOMPANY THIS APPLICATION)**

Name _____ Bank Routing _____ Account _____
 Signature _____ Date _____

Please indicate your area(s) of 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 Marketing |
| <input type="checkbox"/> TPA | <input type="checkbox"/> Self-Insured | <input type="checkbox"/> Medicare Supplement | <input type="checkbox"/> Dental |

Board Committees I'd like to help on:

- Membership Special Events Newsletter Education Events (CE) Legislation Anywhere I can be useful

Mail or Email CBAHU Membership Applications to:

CBAHU
Attn: Katie Lowery
PO Box 230
Corpus Christi, TX 78403
klowery@uhc.com

NOTE: A portion of your dues are tax deductible:

NAHU \$146.25
 TAHU \$60.00
 CBAHU \$15.00