



The National Association of Health Underwriters
Membership Application
Tulsa Chapter



Form with fields for Last Name, First Name, Designation(s), Company, Title, Referred by / Sponsor, Mailing Street Address, City, State, Zip, Telephone, Fax, Email Address, Home Street Address (for Legislative Purposes) City, State, Zip, home phone, home email address

Please indicate your areas of practice:

Grid of checkboxes for practice areas: Long Term Care, Disability, Managed Care, Retirement, Individual, Large Group, Small Group, Worksite Marketing, TPA, Self-Insured, Medicare Supplement, Dental

Board Committees I'd like to help on: Legislation, HUPAC, Media, Events, Membership, Awards, Communications, Programs (CE), Sponsors, Hospitality, Other Interests

DUES:

Table with dues options: MONTHLY DUES option (\$30.00), ANNUAL DUES option (\$360.00). Includes text: If you are a member of our National Association elsewhere, you may be eligible for an Associate Membership. Ask your membership chair about this option.

NOTE:

You can also go to NAHU.ORG and input your information for immediate activation.

Payment is made by: Check, VISA, MasterCard, Amex

Payment options: Draft my/our checking account \$30.00 Monthly, Charge my Credit Card \$30.00 Monthly, Charge my credit card for the Annual dues of \$360.00, Attached is my check made out to NAHU for \$360.00 Annual dues

Payments made with credit card (monthly \$30.00 or annually \$360.00).

Card #, Expiration date, Name as it appears on credit card, Signature

Payments made annually, paid by check, made out to NAHU: \$340.00

Mail check and application to:

Tulsa Association of Health Underwriters Attention: Membership
7122 South Sheridan, Suite 2, Box 453
Tulsa, OK 74133

Payments made by Monthly Account Debit (\$28.33):

Introducing Auto check, NAHU's pre-authorized payment system for membership dues. By completing this form and attaching a voided check from your account, you can pay your membership dues on a monthly installment basis. Auto check eliminates the danger of losing the benefits of membership because of a misplaced invoice, and frees up your cash flow for other expenses.

**AUTHORIZATION AGREEMENT FOR PRE-ARRANGED
PAYMENTS (DEBITS) OF MEMBERSHIP DUES**

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 full force and effect until BANK has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Bank a reasonable opportunity to act on it. A customer has the right to stop payment on a debit entry by notification to BANK at least 3 days prior to the date scheduled for charging account. A customer also has the right to question Bank about any debit entry by notifying Bank no less than 60 days after BANK sends a statement to customer containing the entry. BANK will handle all such questions in accordance with its procedures and the requirements for resolving errors found in Regulation E issued by the Federal Reserve Board.

Name(s) _____

Bank Name _____

Bank Routing Number _____

Account Number _____

Signature _____ Date _____

PLEASE ATTACH A VOIDED CHECK HERE

Mail check and application to:

Tulsa Association of Health Underwriters Attention: Membership
7122 South Sheridan, Suite 2, Box 453
Tulsa, OK 74133

Email applications with credit card payments or bank drafts to:

membership@oktahu.com

**For On-Line Application, go to NAHU.ORG and click on the "JOIN" button.
You can choose monthly auto-drafts or a single, annual payment.**