



AFFILIATE MEMBERSHIP APPLICATION

Membership applies to staff of a current SDAHU/NAHU member. Affiliate members would be considered "local" members only and would be able to take advantage of all meetings and events locally at the current member price. Membership is non-transferable.

Name: _____ Job Title: _____

Job Description: _____

Company Member Sponsor*: _____

Company: _____

Business Address: _____

Business Phone: _____ Fax: _____

Email: _____

*Company Member Sponsor – Affiliate members **must be sponsored** by someone who is a current SDAHU member.

Affiliate Membership Dues \$100

Send to:

San Diego Association of Health Underwriters (SDAHU)
10601-G Tierrasanta Boulevard, PMB 403 ▪ San Diego, CA 92124
(858) 883-2486 ▪ Fax (858) 630-3793 ▪ sdahu1@yahoo.com ▪ sdahu.org

Form of Payment Enclosed:

Check (made payable to SDAHU)

American Express

MasterCard

Visa

Card Number: _____ Exp: ____ / ____

Name on Card: _____

Signature: _____

Dues to SDAHU are not deductible as a charitable contribution but may be deductible as an ordinary and necessary business expense