



# 2017 MEMBERSHIP APPLICATION

## SAN DIEGO CHAPTER

### SECTION A: APPLICANT INFORMATION

PERSONAL INFORMATION: Please Print or Type

Membership Type:  Regular  Associate  Transfer Only

First, Middle Initial, Last Name \_\_\_\_\_

Designations \_\_\_\_\_ Company Name \_\_\_\_\_

#### BUSINESS INFORMATION:

Please send all mail to my  Home Address  Business Address

Street Address 1 \_\_\_\_\_ Business Phone \_\_\_\_\_

Street Address 2 \_\_\_\_\_ Business Fax \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Toll-Free Number \_\_\_\_\_

Business Email Address: Primary?  Yes  No \_\_\_\_\_ Web Address \_\_\_\_\_

#### HOME INFORMATION:

Street Address 1 \_\_\_\_\_ Home Phone \_\_\_\_\_

Street Address 2 \_\_\_\_\_ Home Fax \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Home Email Address Primary?  Yes  No \_\_\_\_\_

#### OTHER:

I work for:  Myself as an Independent Insurance Agent  General Agency  
 Third Party Administrator  Worksite Management Company  
 Another Insurance Agent  Health Insurance Carrier

My Primary Occupation is:  Sales  Management  Customer Service  
 Other \_\_\_\_\_

Please send all email to my:  Home  Business

Referred by: \_\_\_\_\_  
Name: please print City, State

### SECTION B:

#### APPLICANT PROFILE

- Which of the following best describes your area of practice?
  - Individual health insurance plans
  - Investments and annuities
  - Large group health insurance
  - Life & disability insurance
  - Long term care insurance
  - Property & casualty insurance
  - Small group health insurance
  - Senior (Medicare Supplement / Advantage)
- Years in Business \_\_\_\_\_
- What do you hope to gain from your membership with SDAHU?
  - Professional Development
  - Legislative Involvement
  - Networking
  - Positive Image
  - Other
- What level of involvement would you like to have with SDAHU?
  - Serve on the Board of Directors at the chapter level
  - Serve on a committee
  - Become a CE provider
  - Sponsor chapter events
  - Support my chapter by attending meetings and events
  - Receive industry communication with no active involvement
- If you were to volunteer to serve on a committee, which would you say most suits you?
  - Education
  - Programs
  - Membership
  - Legislative
  - Communications
  - Public Affairs
  - YAHU
  - Special Events

### 3 WAYS TO JOIN!

ONLINE at [www.nahu.org](http://www.nahu.org) ■ FAX Application with Credit Card Info to (858) 630-3793  
Or MAIL with payment to: SDAHU, 10601-G Tierrasanta Boulevard, PMB 403 ■ San Diego CA 92124

## SECTION C: PAYMENT INFORMATION

### MEMBERSHIP FEES:

REGULAR MEMBER: \$480 /  ANNUAL  MONTHLY (COST BREAKDOWN / SDAHU: \$40 + CAHU: \$170 + NAHU: \$270)

ASSOCIATE MEMBER: \$50

Primary AHU: \_\_\_\_\_

Membership dues are not tax deductible as charitable contributions.

### METHOD OF PAYMENT:

CHECK  AMEX  MASTERCARD  VISA  MONTHLY DIRECT DEBIT (COMPLETE AUTHORIZATION AGREEMENT BELOW)

Card Number

Expiration Date

Name on Card

X

Signature

Date

### AUTHORIZATION AGREEMENT FOR MONTHLY DEBIT PAYMENTS

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

I hereby authorize NAHU to initiate debit entries to my [our] account named below, herein after 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 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 not 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)

X

Signature

Date

### CUSTOMER BANK INFORMATION

Bank Name

Account Number

Account Name

Routing Number

**\$40.00**

Start Date

Monthly Debit is 1/12 of the total annual dues amount

### PLEASE ATTACH A VOIDED CHECK WITH THIS OPTION

**OUR MISSION:** To educate our membership, represent consumer interests, influence legislation and promote fair and ethical business practices through the association of health and disability insurance professionals.

### WHY SDAHU? IT MAKES A DIFFERENCE!

- ✓ Top speakers at monthly luncheons
- ✓ Continuing Education credits
- ✓ Staying informed with top industry publications
- ✓ Legislative impact in Sacramento and Washington DC
- ✓ RHU & REBC professional designations
- ✓ Network of peers
- ✓ NAHU protects your right to serve clients' needs
- ✓ Our mission demonstrates your commitment and professionalism