



National Association of Health Underwriters 2011 Membership Application

Name: _____

Company/Agency: _____

Title: _____ Business Email: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Home Email: _____

Areas of Practice: Small Group Large Group Individual TPA/ Self- Insured Medicare
 Worksite Disability Long Term Care Rx/PBM Disability Other: _____

Name of Local Association: **New Orleans Association of Health Underwriters**

Sponsor/ Recruiter: _____

Committee Selection: I would like to be involved on the following committees: Membership
 Health Care Expo Communications Public Service Education Legislation None

I would like to participate on the phone committee to call members to attend events? Yes No

Payment By: Check (Payable to NAHU) Monthly Bank Draft (\$33.33 per month)
 Credit Card- Full Payment Credit Card Monthly Draft (\$33.33 per month)
 Visa MasterCard American Express Discover

Credit Card Payment Information (Please Complete)

Card #: _____ Expiration: _____

Signature: _____

Membership Fees: \$400.00 or \$33.33 per month on bank draft or credit card draft
Annual Membership includes NAHU Dues (\$270), Louisiana AHU Dues (\$80), and New Orleans AHU Dues (\$50). *Annual subscription to HIU is included in dues.

Mail completed application with payment to:

NOAHU Membership PO Box 8765, Metairie, LA 70010

Paying by credit card or bank draft?

Fax application to 504-828-9395 or email to info@noahu.org

NAHU Dues may be deducted as a business expense but not as a charitable contribution.
NAHU has determined that 75% of your national dues are tax deductible under IRS Section 6033.