BAHU Membership Application

Last Name | First Name | Designation

Company | Title | Referral/Sponsor

Mailing Street Address | City | State | Zip

Telephone | Fax | Work E-Mail Address

Home Street Address (for legislative purposes) | City | State | Zip

Home Phone Number | Home E-Mail Address

Broward Association of Health Underwriters
Local Association

Form of Payment Enclosed **Amount: $395 or $32.92 per month**

[ ] Monthly Draft (check one) [ ] Checking Account [ ] Credit Card
[ ] Check (payable to NAHU)
[ ] Annual Credit Card (please select one)

Bank draft / Credit Card Authorization Form:

I (we) hereby authorize NAHU to initiate debit entries to my (our) account as indicated.
- Monthly debits will equal 1/12th of any current applicable national, state or local dues.
- (Please include a voided check from the account to be drafted, or write credit card number below)

Name as it appears on the check or credit card | Signature

Account Number | Expiration Date

Please check the box or boxes for the areas of your practice:

☐ Long Term Care	☐ Retirement	☐ Medicare Supplement	☐ Individual
☐ Large Group	☐ Small Group	☐ Ancillary	☐ Worksite Marketing
☐ Self-funded	☐ CDHC	☐ Other	
Profession:			
☐ Independent Agent	☐ GA/MGA	☐ Carrier Sales/Mgmt	☐ TPA

Mail to: NAHU, 2000 N. 14th Street, Suite 450, Arlington, VA 22201. FAX to: 703-841-7795
For questions, please call Katja Watts, NAHU Director of Membership at 703-276-3811