

The National Association of Health Underwriters Membership Application

Fort Worth Chapter

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:

<input type="checkbox"/> Long Term Care	<input type="checkbox"/> Disability	<input type="checkbox"/> Managed Care	<input type="checkbox"/> Retirement
<input type="checkbox"/> Individual	<input type="checkbox"/> Large Group	<input type="checkbox"/> Small Group	<input type="checkbox"/> Worksite Marketing
<input type="checkbox"/> TPA	<input type="checkbox"/> Self Insured	<input type="checkbox"/> Medicare Supplement	<input type="checkbox"/> Dental

Board Committees I'd like to help on: Legislation Any where I can be useful
 Membership special events newsletter education events (CE) sponsors

Please tell us why you are joining FWAHU. (What you hope to receive from your membership): _____

Annual DUES:

MONTHLY DUES payable to NAHU	\$ 32.92
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Payment is made by: Check VISA MasterCard Amex

- Draft my/our checking account **one-twelfth** of my monthly dues Monthly (complete attached bank draft form)
- Charge my Credit Card Monthly **one-twelfth** of my monthly dues Monthly.
- Charge my credit card for the annual dues of \$395.00
- Attached is my check for \$395.00 annual dues

If payment is made by credit card...

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

Mail check and application to :
 Laura Firestone P.O. Box 380456 Duncanville, TX 75138
fax or email credit card payments or bank drafts
 to Niels Christiansen at
 f) 972-470-9392
 email: niels@abybenefits.com

**The Easiest Way to Pay Your
Membership!!**

Introducing Autocheck, 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. Autocheck eliminates the danger of losing the benefits of membership because of a misplaced invoice, and frees up your cash flow for other expenses.

Please send this form with your application to:
Laura Firestone
P.O. Box 380456
Duncanville, TX 75138

**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) _____

Customer Bank Name _____ Customer Account _____

Signature _____ Date _____

PLEASE ATTACH A VOIDED CHECK HERE