

## East Texas Association of Health Underwriters Membership Application

Name \_\_\_\_\_

Company/Agency \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ TEXAS Zip Code \_\_\_\_\_

Business Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home Address \_\_\_\_\_

(Confidential – needed for identifying the political districts of our members)

City \_\_\_\_\_ TEXAS Zip Code \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Preferred Mailing Address: Business Home Referring Member: \_\_\_\_\_  
(Please circle one)

### **DUES**

**NAHU Portion – National     \$270.00**

**TAHU Portion – State         \$120.00**

**ETAHU Portion – Local       \$ 25.00**

**Total                             \$415.00**

#### Payment Methods

- Monthly Bank Draft – Please attached voided check

#### Bank Draft Authorization

I authorize the National / Texas Association of Health Underwriters (NAHU / TAHU) to initiate debit entries in the monthly amount of \$34.58 charging my checking account as described on the accompanying voided check. This authorization is to remain in force until NAHU / TAHU has received written notification from me of its termination in such time and manner as to afford NAHU / TAHU and my depository reasonable opportunity to act upon it.

Signature \_\_\_\_\_ Date \_\_\_\_\_

- Check (Annual Dues Only – Please make check payable to NAHU)
- Credit Card: MasterCard Visa Discover American Express (please circle one)

Name on Card \_\_\_\_\_

Expiration Date \_\_\_\_\_ Card Number \_\_\_\_\_

Signature \_\_\_\_\_

Amount \_\_\_\_\_ Monthly Annually (please circle one)

This authorization is to remain until NAHU / TAHU has received written notification from me of its termination. I authorize Association Headquarters to charge my credit card for the amount as shown above.

*Mail completed form along with payment to:*

**ETAHU  
P. O. Box 133214  
Tyler, TX 75713-3214**