

East Texas Association of Health Underwriters Membership Application

Name _____

Company/Agency _____

Business Address _____

City _____ TEXAS Zip Code _____

Business Telephone # _____

E-mail Address _____

Home Address _____

City _____ TEXAS Zip Code _____

Home Telephone # _____ Cell Phone # _____

Preferred Mailing Address: Business or Home

Referring Member: _____

DUES

NAHU Portion – National \$338.00

TAHU Portion – State \$120.00

ETAHU Portion – Local \$ 25.00

TOTAL \$483.00

Payment Methods:

Monthly 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 \$40.25 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)

Signature _____

Amount _____ Monthly or 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 shown above.

Mail completed form along with payment to:

ETAHU

PO Box 133214

Tyler, TX 75713-3214