

*Santa Barbara Association of
Health Underwriters*
MEMBERSHIP APPLICATION



Name: _____ Designations: _____
Title: _____ License #: _____
Company: _____
Business Address: _____
City/State/Zip: _____
Phone: (____) _____ Fax: (____) _____
E-Mail Address: _____
Home Address: _____
City/State/Zip: _____
Sponsor: _____

Annual Membership Dues:

- Full Membership:**
National Dues: \$195.00
State Dues: \$170.00
Local Dues: \$ 25.00
Total Dues: \$390.00
- Associate Membership: \$ 75.00**

(Associate membership apply only to those individuals who do not have an insurance license, or who do, but belong to another NAHU chapter and would like to be included in SBAHU member mailings and events)

Name of your full membership NAHU chapter: _____

Payment Method:

- Check**
*Full membership – make check payable to NAHU
Associate membership – make check payable to SBAHU*
- Bank Draft/Auto check**
Bank Draft Authorization:
I (we) hereby authorize NAHU to initiate debit entries to my (our) account named below:
Bank Name: _____ Account #: _____
Account Name: _____ Signature: _____
Please attach a voided check to authorize payment of your membership dues on a monthly installment basis.
Monthly amount is $\frac{1}{12}$ of the total dues amount.
- Credit Card**
Credit Card Authorization:
Name (as it appears on credit card): _____
Card #: _____ Visa/MasterCard/American Express (please circle one)
Exp. date: _____ Signature: _____

Return Membership Application and Payment to:
Santa Barbara Association of Health Underwriters
4747 N First, Ste 140, Fresno, CA 93726
Or, Fax to: (559) 227-1463