



Santa Barbara Association of Health Underwriters

P. O. Box 30654 • Santa Barbara CA 93130 • (805) 957-2914 • Fax: 563-2060

Application for Associate Membership

LAST NAME _____

MAILING ADDRESS _____

FIRST NAME _____

CITY/ZIP _____

DESIGNATIONS _____

PHONE _____ FAX _____

COMPANY NAME _____

E-MAIL ADDRESS _____

HOME CAHU CHAPTER _____

HOME ZIP (for leg. Distr) _____

REFERRED BY _____

Dues for Associate Membership: \$50 per year (Renews September 1st each year). Please make checks payable to the Santa Barbara Association of Health Underwriters (SBAHU).