



Idaho Association of Health Underwriters ASSOCIATE MEMBER APPLICATION

Last Name	First Name	Designation
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Company	Title
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Business Address	City, State, Zip
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Telephone	Fax	Recruiter / Sponsor
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Signature	Date
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E-Mail Address	Home Address	City, State, Zip
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Associate Membership is designed for those wishing to participate in and support the **Idaho Association of Health Underwriters**. Associate members cannot have a current producer's license or if they have a current license, they cannot have an active health producer appointment.

Idaho State Dues	\$30.00
Local Chapter Dues	<u>\$30.00</u>
Total	\$60.00

Please make checks payable to IAHU

Mail to:

Wendy Leatham
Idaho Association of Health Underwriters
PO Box 8102
Boise ID 83707