



## Idaho Association of Health Underwriters ASSOCIATE MEMBER APPLICATION

---

Last Name	First Name	Designation
-----------	------------	-------------

---

Company	Title
---------	-------

---

Business Address	City, State, Zip
------------------	------------------

---

Telephone	Fax	Recruiter / Sponsor
-----------	-----	---------------------

---

Signature	Date
-----------	------

---

E-Mail Address	Home Address	City, State, Zip
----------------	--------------	------------------

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>
<b>Total</b>	<b>\$60.00</b>

Please make checks payable to IAHU

**Mail to:**

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