



# NAHU APPLICATION

Last Name	First Name	Designation
Company	Title	Recruiter/Sponsor
Business Address	City, State, Zip	Phone/Fax
Home Address	City, State	Home Phone
E-Mail Address	Home Zip (for Legislative purpose)	

**National Dues** \$270.00  
**Idaho State Dues** \$ 35.00  
**Local Chapter Dues** \$ 20.00  
 North Idaho (North of McCall)  
 South Idaho (East of Glenns Ferry)  
 Treasure Valley  
 Eastern Idaho

**Total \$325.00 annual or \$27.08 monthly bank draft**

**Please choose your form of payment:**

Check (payable to NAHU)
  Visa
  MasterCard
  AmEx
  Discover

**Or pay your dues in 12 monthly installments (choose form of payment):**

Check (attach copy of voided check, 1/12<sup>th</sup> of total dues will be deducted on the 2<sup>nd</sup> of each month)

Visa
  MasterCard
  AmEx
  Discover (1/12<sup>th</sup> of total dues will be charged each month)

**Bank draft / Credit Card Authorization Form:**

I (we) hereby authorize NAHU to initiate debt entries to my (our) account indicated. Monthly debits will equal one-twelfth of any current applicable national, state, or local dues. (Attach copy of voided check for bank draft)

Name (as it appears on the check or credit card)	Signature	
Account Number (credit card only)	Type of credit card	Expiration date

Mail to:  
 Idaho Association of Health Underwriters  
 PO Box 8102  
 Boise ID 83707

Fax to: Wendy Leatham, Executive Assistant  
 (with credit card number or copy of voided check)  
 208-377-1585