NAHU Membership Application

Just Ask One Campaign

Last Name First Name Designation Company Title Referral/Sponsor Mailing Street Address City State Zip Telephone Fax Work E-Mail Address

Local Association

**Form of Payment Enclosed: Amount:**

* Annual Debit (please select either checking account or credit card)

|  |  |  |  |
| --- | --- | --- | --- |
| Monthly Draft (please select one) | Checking Account | Credit Card |  |
| Check (payable to NAHU) |  |  |  |
| Annual Credit Card (please select one) | Visa MasterCard | American Express | Discover |

**Bankdraft / Annual Debit Credit Card Authorization Form:**

I (we) hereby authorize NAHU to initiate debit entries to my (our) account as indicated. Monthly debits will equal one-twelfth of any current applicable national, state or local dues. Annual debits will equal full annual dues upon renewal. (Please include a voided check from the account to be drafted, or write credit card number below)

Name (as it appears on the check or credit card) Signature

Account Number Expiration Date

CVV # **\_\_\_\_\_\_\_\_\_\_**

**Please Mark the Box or Boxes For The Areas of Your Practice:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Long Term Care | Disability | Managed Care | Retirement | Individual Plans |
| Large Group | Small Group | Worksite Mktg. | TPA | Self Insured |
| Medicare | Dental |  |  |  |

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**Washington, DC 20005**

**Fax to: 202-747-6882**



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