

**North Valley  
Association of Health Underwriters  
Membership Application**



Name: \_\_\_\_\_ Designations: \_\_\_\_\_

Title: \_\_\_\_\_ License #: \_\_\_\_\_

Company: \_\_\_\_\_

Business Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Sponsor: \_\_\_\_\_

**Annual Membership Dues:**

**2011 Full Membership:**

NAHU: \$270

State: \$170

Local: \$25

**TOTAL: \$465**

**2011 Associate Membership \$50**

*(Associate memberships apply to those individuals who do not have an insurance license, or who do, but belong to another NAHU chapter and would like to be included in NVAHU member mailings and events)*

**Payment Method:**

**Check**

*Full membership-make check payable to NAHU*

*Associate membership-make check payable to NVAHU*

**Bank Draft/Auto Check**

**Bank Draft Authorization:** I (we) hereby authorize NAHU to initiate debit entries to my (our) account *named below:*

Bank Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Account name: \_\_\_\_\_ Signature: \_\_\_\_\_

*Please attach a voided check to authorize payment of your membership dues on a monthly installment basis. Monthly amount is 1/12 of the total dues amount*

**Credit Card**

**Credit Card Authorization:**

Name (as it appears on credit card): \_\_\_\_\_

Card #: \_\_\_\_\_ Visa MasterCard American Express (circle one)

Exp. Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Return Application and Payment to: North Valley Association of Health Underwriters  
Attn: Kaylee Garramore c/o Perry Financial & Insurance Services 1080 Lincoln Road Yuba City, CA 95991  
Fax: (530) 671-0860**