



www.njahu.org

MEMBERSHIP APPLICATION

New Jersey Association of Health Underwriters/NJAHU

Phone: 908.349.0789 Email: info@njahu.org

Please mail this form with a check to 312 North Avenue East, Suite 5, Cranford, NJ 07016 or fax it with credit card payment information to 908.967.5044

This Membership Application for the National Association of Health Underwriters includes membership in the NJ Association of Health Underwriters and a local chapter of the NJAHU.

Name/Designation: _____ Title: _____

Company: _____ Business Address: _____

City, State, Zip: _____ Telephone: _____

Fax: _____ Email: _____

Referral Sponsor: _____

Home Address: _____ City, State, Zip: _____

Cell Phone: _____ Personal Email: _____

PLEASE SELECT THE NJAHU CHAPTER THAT IS CLOSEST TO YOU:

- | | | |
|--|---|--|
| <input type="checkbox"/> North Chapter | <input type="checkbox"/> Monmouth Ocean Chapter | <input type="checkbox"/> I am a first-time member. |
| <input type="checkbox"/> Central Chapter | <input type="checkbox"/> South Chapter | <input type="checkbox"/> I am renewing my membership. |
| | | <input type="checkbox"/> I am a former member rejoining the NJAHU. |

PLEASE MARK THE BOX OR BOXES FOR THE AREAS OF YOUR PRACTICE:

- | | | | | |
|---|---------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Long-Term Care | <input type="checkbox"/> Managed Care | <input type="checkbox"/> Large Group | <input type="checkbox"/> TPA | <input type="checkbox"/> Medicare Supplement |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Individual | <input type="checkbox"/> Small Group | <input type="checkbox"/> Self-Insured | |

ANNUAL MEMBERSHIP DUES: (Membership Year begins on the date your application is processed.)

Local Dues: \$40	TOTAL DUES PAYMENT:	PLEASE NOTE FOR US CITIZENS ONLY: Contributions or gifts to associations which are exempt under IRS 501(c) 6 are not tax deductible as charitable contributions. However, they may be deducted as ordinary and necessary business expenses.
State Dues - New Jersey: \$80	\$390	
National Dues - NAHU: \$270		

METHOD OF PAYMENT: (You may opt to pay the entire fee with a check or credit card OR select monthly bank draft.)

- | | | | |
|--|--|---|-----------------------------------|
| <input type="radio"/> Pay in full | <input type="checkbox"/> Check (payable to NAHU) | <input type="checkbox"/> MasterCard | <input type="checkbox"/> Discover |
| <input type="radio"/> Monthly withdrawal | <input type="checkbox"/> Visa | <input type="checkbox"/> American Express | |

I (we) hereby authorize NAHU to initiate debit entries to my (our) account indicated. If "Monthly withdrawal" is selected, monthly debits will equal one-twelfth of any current applicable national, state or local dues. (Copy of Voided check needed for bank draft)

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

Account Number: _____ Expiration Date: _____

Application for membership constitutes consent for the association to make you aware of products and services via fax, e-mail or mail. It also implies consent for the association to make available your name, address and other business contact information. This information is solely for other members via an on-line or printed membership directory. I have completed this application accurately to the best of my ability.

Your Signature: _____ Date: _____