



Golden Gate Association of Health Underwriters

ASSOCIATE MEMBERSHIP APPLICATION

Associate Member Dues are just \$50 per year!

Date: _____

Name: _____

Title: _____

Professional Designation: _____ Insurance License #: _____

Company/Agency: _____

Address: _____

City/State/Zip: _____

Office #: (____)____-____ Cell#: (____)____-____ Fax: (____)____-____

E-Mail Address: _____

Home address: _____

City/State/Zip: _____

Sponsor's Name: _____

Main Chapter You Belong to: _____

Signature: _____

Please make you check payable and mail to:

GGAHU
4747 N. First St., Suite 140
Fresno, CA 93726
Phone: (800) 488-2506
Fax: (559) 227-1463