



Golden Gate Association of Health Underwriters

Executive Office: 4747 N. First St., Suite 140, Fresno, CA 93726

Telephone: (800) 488-2506 - Fax: (559) 227-1463

PURPOSE: The Golden Gate Association of Health Underwriters is an organization of Insurance Professionals committed to promoting the ethical interests of the industry, by acting as a resource for both employers and consumers by providing continuing education, legislative advocacy, and consumer education.

MEMBERSHIP APPLICATION

YES!!! I want to become a member of the Golden Gate Area Chapter of NAHU.

PLEASE TYPE OR PRINT LEGIBLY

Name: _____

Title: _____ Insurance License #: _____

Company/Agency: _____

Address: _____

City/State/Zip: _____

Telephone: (____) _____ Fax: (____) _____

E-Mail Address: _____

Home Address: _____

City/State/Zip: _____

Sponsor's Name: _____

Signature: _____ Date: _____

Your membership includes the Health Insurance Underwriter Magazine, The STATEment CAHU Magazine, and Gold Nuggets, as well as access to continuing education credits.

| | |
|------------------------|----------------|
| NAHU portion of dues: | \$270.00 |
| CAHU portion of dues: | \$170.00 |
| GGAHU portion of dues: | <u>\$25.00</u> |
| TOTAL: | \$465.00* |

*Autocheck participants: Monthly amount is 1/12 the total dues amount.

DUES PAYMENT OPTIONS

CHECK: Make checks payable to NAHU and mail to GGAHU: 4747 N. First St., Ste. 140, Fresno, CA 93726

CREDIT CARD: Complete the information below and FAX to Attn: GGAHU (559) 227-1463

Card type (circle one) AMEX Mastercard VISA

Card Number: _____

Exp. Date: _____ 3 or 4 #CVC _____

Signature: _____

AUTOCHECK

NAHU offers a pre-authorized payment system for membership dues. By completing this form and attaching a voided check, you can pay your membership dues on a monthly installment basis. Autocheck eliminates the danger of losing benefits of membership because of a misplaced invoice, and frees up your cash flow for other expenses.

I hereby authorize NAHU to initiate debit entries to my (our) account named below, hereinafter called bank.

This authority is to remain in full force and effect until BANK has received written notification from me (or either of us) of its termination in such manner as to afford BANK a reasonable opportunity to act on it. A customer has the right to stop payment on a debit entry by notification to BANK at least three (3) days prior to the date scheduled for charging account. A customer also has the right to question BANK about any debit entry notifying the BANK no less than sixty (60) days after BANK sends a statement to customer containing the entry. BANK will handle all such questions in accordance with its procedures and the requirements for resolving errors found in Regulation E issued by the Federal Reserve Board.

Name(s): _____

SS# or #'s: _____

Date: _____

Signed: _____

Signed: _____

Customer Bank Name: _____

Customer Account #: _____

Customer Account Name: _____

Starting Date: _____

Amount: \$ _____

IMPORTANT: Please attach a voided check. Thank you.