



# NAHU Membership Application



<b>Last Name</b>	<b>First Name</b>	<b>Designation</b>	
<b>Company</b>	<b>Title</b>	<b>Referral/Sponsor</b>	
<b>Mailing Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Telephone</b>	<b>Fax</b>	<b>E-Mail Address</b>	
<b>Home Street Address (for legislative purposes)</b>	<b>City</b>	<b>State</b>	<b>Zip</b>

Local Association - Oklahoma City AHU

**Dues & Payment Method:**

NAHU Portion of Dues            \$145.00  
 State Portion of Dues – OK    \$ 60.00  
 Local Portion of Dues            \$ 30.00  
 Total Annual Amount            \$235.00  
 Monthly Bank Draft              \$ 19.59/month

**Note: \$4.00 service charge on all credit card payments**

**Form of Payment Enclosed:**

Monthly Draft (please select one)       Checking Account       Credit Card  
 Check (payable to NAHU annually)  
 Annual Credit Card (please select one)     Visa     MasterCard     Am Ex     Discover

**Amount:** \_\_\_\_\_

**Bankdraft / 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.
- (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
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Account Number	Expiration Date
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**Please Mark the Box or Boxes For The Areas of Your Practice:**

<input type="checkbox"/> Long Term Care	<input type="checkbox"/> Disability	<input type="checkbox"/> Managed Care	<input type="checkbox"/> Retirement
<input type="checkbox"/> Individual	<input type="checkbox"/> Large Group	<input type="checkbox"/> Small Group	<input type="checkbox"/> Worksite Mktg.
<input type="checkbox"/> TPA	<input type="checkbox"/> Self Insured	<input type="checkbox"/> Medicare Supplement	<input type="checkbox"/> Dental

Mail to: Dan Oliver, Membership Chair, OKCAHU, P.O. Box 12146, OKC, OK 73157-2146  
 Or call Dan Oliver for pick up, 405-607-2629