



PO Box 3355
 Citrus Heights, CA 95611-3355
 (916) 565-6553
 (866) 770-8112 fax
sahu@bmsch.com / www.sahu-ca.com

Company/Agency Name		Name	
Business Address		City/State/Zip	
Office #	Cell #:	E-MAIL:	
Home Address		City/State/Zip	
Referred by	DOI License/ Renewal Date	Social Security	

DUES & PAYMENT INFORMATION

NAHU Portion	\$270.00
CAHU Portion	\$170.00
SAHU Portion	\$ 50.00
Total	\$490.00

FORM OF PAYMENT ENCLOSED

- Monthly Checking, Debit or Credit Card Deduction
- Check Payable to NAHU
- MasterCard VISA Amex

You may pay for your membership on a monthly installment basis. NAHU will deduct 1/12 of your total dues monthly.

PRE-AUTHORIZED MONTHLY DEDUCTION by CHECK, CREDIT CARD or DEBIT CARD

If paying monthly by automatic debit or credit card charge, or annual fee by debit or credit card, check the appropriate box above and complete the section below and fax the application to (866) 770-8112

Card # (Visa, MC, Amex) _____ Exp Date _____
 Billing Address _____
 Name on Card _____ VIN # _____ (3 digits upper right back of card)
 Signature _____

or if paying by monthly checking account debit

Sign and return the form and with a voided check from your account. Then write a second check for \$40.83, payable to NAHU. Renewing members attach voided check and one month's dues for \$40.83 or complete the credit card information
 Please read the statement below.

I (we) hereby authorize the National Association of Health Underwriters to initiate debit entries to my (our) account named at the bank below, hereinafter call BANK. This authorization is to remain in full force and effect until the BANK has received written notification from me (or either of us) of its termination in such time and 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 3 days prior to the date scheduled for charging account. A customer also has the right to question BANK about any debit entry by notifying BANK not less than 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 requirement for resolving errors in Regulation E issued by the Federal Reserve Board.

Names	Social Security # or Federal Tax ID
Signed	Signed
Date	Customer Bank
Name	
Customer Account	Customer Account
Starting Date	
Starting Date	

If paying the total fee by check. Mail the application and check to:

**Sacramento Association of Health Underwriters
 PO Box 3355 • Citrus Heights, CA 95611-3355**

**For Additional Membership Information Please Call
 Membership Chair Crystal McDevitt at 916-563-3191 or SAHU at (916) 565-6553**