



NAHU Membership Application

(Illinois Annual Dues - \$380)



Name First Name Designation

Company Title
Referral/Sponsor

Mailing Street Address City State Zip

Telephone Address Fax Work E-Mail

Home Street Address (for legislative purposes) City State Zip

Home Phone Number Home Email Address

Local Association

Form of Payment Enclosed Amount: _____

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

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

Account Number Expiration Date

Please Mark the Box or Boxes For The Areas of Your Practice:

- Long Term Care Disability Managed Care Retirement
- Individual Large Group Small Group Worksite Mktg.
- TPA Self Insured Medicare Supplement Dental

Mail To: CIAHU, P.O. Box 10451, Peoria, IL 61612
Fax to: 202-747-6882

If you wish to donate to HUPAC, please send your donation to:
HUPAC PO Box 20897 Indianapolis, IN 46220
or online at www.hupac.org

If you have questions, please contact Membership at
703-276-3811 or membership@nahu.org