



NAHU APPLICATION

Last Name	First Name	Designation
Company	Title	Recruiter/Sponsor
Business Address	City, State, Zip	Phone/Fax
Home Address	City, State	Home Phone
E-Mail Address	Home Zip (for Legislative purpose)	

National Dues \$195.00

Idaho State Dues \$ 35.00

Local Chapter Dues \$ 20.00

North Idaho (North of McCall)

South Idaho (East of Glenns Ferry)

Treasure Valley

Eastern Idaho

Total \$250.00 annual or \$20.83 monthly bank draft

Please choose your form of payment:

Check (payable to NAHU) Visa MasterCard AmEx Discover

Or pay your dues in 12 monthly installments (choose form of payment):

Check (attach copy of voided check, 1/12th of total dues will be deducted on the 2nd of each month)

Visa MasterCard AmEx Discover (1/12th of total dues will be charged each month)

Bank draft / Credit Card Authorization Form:

I (we) hereby authorize NAHU to initiate debt entries to my (our) account indicated. Monthly debits will equal one-twelfth of any current applicable national, state, or local dues. (Attach copy of voided check for bank draft)

Name (as it appears on the check or credit card) _____ Signature _____

Account Number (credit card only) _____ Type of credit card _____ Expiration date _____

Mail to:

Idaho Association of Health Underwriters

PO Box 8102

Boise ID 83707

Fax to: Wendy Leatham, Executive Assistant

(with credit card number or copy of voided check)

208-377-1585