



Massachusetts Association of Health Underwriters
...one of the most effective voices in the health insurance industry

MEMBERSHIP APPLICATION

_____		_____		_____	
Last Name	First Name	Designation			
_____		_____			
Company	Title				
_____		_____		_____	
Business Address	City	State	Zip		
_____		_____		_____	
Telephone (include area code)	Fax	Referral / Sponsor			
_____		_____			
E-mail		Home Zip Code (for legislative purposes)			
_____		_____			
<u>MassAHU</u>		_____			
Local Association					

DUES & PAYMENT METHOD: Annual Payment **Total Amount \$295.000** Or Monthly Bank Draft **\$24.58 per month**

FORM OF PAYMENT ENCLOSED:

- | | |
|--|---|
| <input type="checkbox"/> Check (Payable to NAHU) | <input type="checkbox"/> Bank Draft (attach voided check) |
| <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard |
| | <input type="checkbox"/> American Express |

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.

_____		_____	
Name (as it appears on the check or credit card)		Signature	
_____		_____	
Account Number	Visa / MasterCard / Amex (circle one)	Expiration Date	

MAIL TO:
MASSAHU / Kate Bardsley
137 Pennsylvania Avenue
Framingham, MA 01701

FAX TO:
(with credit card number or a copy of voided check)
(508) 628-5444

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"/> Individual Plans | <input type="checkbox"/> Large Group | <input type="checkbox"/> Small Group |
| <input type="checkbox"/> TPA | <input type="checkbox"/> Self-Insured | <input type="checkbox"/> Medicare Supplement |

WOULD YOU LIKE TO RECOMMEND A PROSPECTIVE MEMBER AND HELP YOUR ASSOCIATION GROW?

Name: _____ **Phone#:** _____