



**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)		
<b>MassAHU</b>					
Local Association					

**DUES & PAYMENT METHOD:** Annual Payment **Total Amount \$345.00** Or Monthly Bank Draft **\$28.75 per month**

**FORM OF PAYMENT ENCLOSED:**

- Check (Payable to NAHU)       Bank Draft (attach voided check)  
 Visa       MasterCard       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  
91 Cedar Street  
Milford, MA 01757

**FAX TO:**  
(with credit card number or a copy of voided check)  
508. 634.2929

**PLEASE MARK THE BOX OR BOXES FOR THE AREAS OF YOUR PRACTICE:**

- Long Term Care       Disability       Managed Care  
 Individual Plans       Large Group       Small Group  
 TPA       Self-Insured       Medicare Supplement

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

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_