



MassAHU/NAHU Membership Application



| | |
|---------------------------------------|---|
| NAHU Portion of Dues | \$ 270.00 |
| MassAHU/State Chapter Portion of Dues | \$ 150.00 \$100.00 |
| TOTAL AMOUNT | \$ 420.00 \$370.00 (Annual) |

**THIS WEEK ONLY – SAVE \$50 ON
YOUR ANNUAL
MEMBERSHIP DUES**

Submit Paper Application & Payment:

- Annual Check (\$370.00 payable to MassAHU)
- Annual Credit Card (\$370.00 charged to please select one) Visa MasterCard Am Ex Discover

Credit Card Authorization Form:

I (we) hereby authorize NAHU to initiate debit entries to my (our) account as indicated.

| | |
|--|---|
| Name (as it appears on the check or credit card) | Signature |
| CC or Bank Account Number | <div style="display: flex; justify-content: space-between;"> CSV Expiration Date </div> |

| | | | |
|---|------------|------------------|-----|
| Last Name | First Name | Designation | |
| Company | Title | Referral/Sponsor | |
| Business Address | City | State | Zip |
| Telephone | Fax | E-Mail Address | |
| Home Address (for legislative purposes) | City | State | Zip |

Please Mark the Area(s) of Your Practice:

| | | | |
|---|---------------------------------------|--|---|
| <input type="checkbox"/> Long Term Care | <input type="checkbox"/> Disability | <input type="checkbox"/> Managed Care | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Large Group | <input type="checkbox"/> Small Group | <input type="checkbox"/> Worksite Mktg. |
| <input type="checkbox"/> TPA | <input type="checkbox"/> Self Insured | <input type="checkbox"/> Medicare Supplement | <input type="checkbox"/> Dental |

Please mail, fax or email application:
 MassAHU, 91 Cedar Street, Milford, MA 01757 | fax: 508-634-2929 | email: kbardsley@massahu.org
 Contact: Kate Bardsley, Executive Director, MassAHU, 508-634-7373