



# MassAHU/NAHU Membership Application



NAHU Portion of Dues \$ 270.00  
 MassAHU/State Chapter Portion of Dues \$ 150.00  
**TOTAL AMOUNT \$ 420.00 (Annual)**

**MONTHLY BANK DRAFT  
 OPTION  
 \$35 PER MONTH**

### Click to Join & Pay Online Now:

[Annual Membership](#)  
[Monthly Draft](#)

[Reinstate Annual Membership](#) (former members)  
[Reinstate Monthly Draft](#) (former members)

### Submit Paper Application & Payment:

- Monthly Draft (please select one)     Checking Account     Credit Card  
 Annual Check (\$420.00 payable to MassAHU)  
 Annual Credit Card (\$420.00 charged to 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. (\$35 per month)
- **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

\_\_\_\_\_  
CC or Bank Account Number

\_\_\_\_\_  
CSV or Routing Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
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