

GPAHU MEMBERSHIP APPLICATION

Last Name: _____ First Name: _____ Title: _____

Company: _____ Designation: _____

Business Address: _____

City: _____ State: _____ ZIP: _____

Email: _____

Telephone (include area code): _____ Fax: _____

Referral/Sponsor: _____

Home ZIP Code (for legislative purposes): _____ Local Association: GPAHU

NAHU Portion of Dues	\$270.00 Annual Payment
State Portion of Dues	\$80.00 Annual Payment
Local Portion of Dues	\$49.00 Annual Payment

Total Amount	\$399.00 Annually
Monthly Draft	\$33.25 per month*
Final Amount	\$399.00 Annual dues

Form of Payment Enclosed

- Check (payable to NAHU)**
- Bank Draft (attach voided check)
- Visa
- Mastercard
- American Express

- Bill total amount due of \$399.00.
- Bill monthly; I (we) hereby authorize NAHU to initiate debit 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)

Authorized Signature

Account Number

Visa / Mastercard / Amex (circle one)

Expiration Date

Fax application with credit card payment to: **1-610-903-4448**

Or email application with credit card payment to: **kwmardis@gpahu.net**

Or mail application with check (**made payable to NAHU**) to:

GPAHU, Attn: Membership
425 Shelbourne Lane
Phoenixville, PA 19460

GPAHU

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