

# 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	\$338 Annual Payment
State Portion of Dues	\$80 Annual Payment
Local Portion of Dues	\$49 Annual Payment

<b>Total Amount</b>	<b>\$467 Annually</b>
<b>Monthly Draft</b>	<b>\$38.92 per month*</b>
<b>Final Amount</b>	<b>\$467 Annual dues</b>

#### Form of Payment Enclosed

**Check (payable to NAHU)**

- Bank Draft (attach voided check)  
 Visa  
 Mastercard  
 American Express

Bill total amount due of \$467.

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

Email application with credit card payment to: [kwmardis@gpahu.net](mailto:kwmardis@gpahu.net)

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

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

## GPAHU

GREATER PHILADELPHIA ASSOCIATION OF HEALTH UNDERWRITERS

SUPPORT THE ASSOCIATION THAT SUPPORTS YOUR LIVELIHOOD

WWW.GPAHU.NET