

MEMBERSHIP APPLICATION

Name _____ Title _____

Company _____ Designation _____

Business Address _____

City _____ State _____ ZIP _____

Email _____ Phone _____

Referral/Sponsor _____

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

NAHU Portion of Dues	\$346 Annual Payment
State Portion of Dues	\$80 Annual Payment
Local Portion of Dues	\$49 Annual Payment
Total Amount	\$475 Annually
Monthly Draft	\$39.58 per month*

Form of Payment Enclosed

- Check payable to NAHU
- Bank Draft - attach voided check
- Credit Card

- Bill total amount due of \$475.
- 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 _____ CID/Security Number _____ Expiration Date _____

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