



# 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	\$354 Annual Payment
State Portion of Dues	\$80 Annual Payment
Local Portion of Dues	\$49 Annual Payment

**Total Amount**                      **\$483 Annually**  
**Monthly Draft**                    **\$40.25 per month\***

**Form of Payment Enclosed**

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

- Bill \$483 annual dues due annually on anniversary date.
- Bill total amount due of \$483.
- 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**