2012 OAHU Membership Application

LAST NAME | FIRST NAME | MIDDLE | DESIGNATIONS

COMPANY | TITLE

BUSINESS ADDRESS | CITY, STATE, ZIP

PHONE | FAX

EMAIL | REFERRAL/SPONSOR

HOME ADDRESS FOR LEGISLATIVE PURPOSES | CITY, STATE, ZIP

LOCAL ASSOCIATION *(circle one)*: PORTLAND WILLAMETTE VALLEY EAST CASCADES

DUES & PAYMENT METHOD

	ANNUAL PAYMENT	MONTHLY BANK DRAFT
NAT'L DUES:	$ 270.00	$ 22.50
STATE DUES:	$ 55.00	$ 4.58
LOCAL DUES:	$ 25.00	$ 2.09
TOTAL Amount:	$ 350.00	$ 29.17/MONTH

Form Of Payment

- ☐ Check *(Payable to NAHU)*
- ☐ Bank Draft *(Attach Voided Check)*
- ☐ Visa
- ☐ MasterCard
- ☐ American Express

* *A $4.00 Service Charge on Credit Card Payments*

BANK DRAFT/ CREDIT CARD AUTHORIZATION

I (we) hereby authorize NAHU to initiate debt 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 Check or Credit Card) | Signature

Account Number | Visa/MasterCard/AMEX *Circle One of the Above* | Expiration Date

I am Interested in the following OAHU committees:

- ☐ SPEAKERS BUREAU
- ☐ PACIFIC NW EMPLOYEE BENEFITS COMMITTEE
- ☐ LEGISLATIVE AFFAIRS COMMITTEE
- ☐ STATE CONVENTION COMMITTEE
- ☐ ANNUAL GOLF TOURNAMENT COMMITTEE
- ☐ SPRING FORUM COMMITTEE

RETURN MEMBERSHIP APPLICATION TO: OAHU, PO BOX 493, SALEM, OR 97308

Oregon Association of Health Underwriters

PROVIDERS OF HEALTH INSURANCE BY PROFESSIONALS — OREGON ASSOCIATION OF HEALTH UNDERWRITERS — OAHU — NAHU