



# **CJAHU Associate Membership Program**

**Associate Membership for CJAHU Purpose:** To engage and develop other relationships in health and medical related field to the health insurance industry for our organization. The possibility of learning how they can help us contain the cost of care and their different perspectives could be welcomed in these turbulent times. This fostering of advocacy and revenue stream from annual dues and potential convention sponsorship make this very palatable.

**Vision:** To increase our recognition and value as brokers, as well as potentially developing strategies and checklists that may impact healthcare and the delivery of it. We may be able to share with others including NAHU that may could help in the overall cost and improvement to the consumers and highlight our association and roles.

**Membership criteria:** This program would be offered to NON licensed healthcare related people Including professional such as doctors (PCP and Specialists), nurses, attorneys, accountants, hospital administration, wellness companies, payroll providers, pharmaceutical executives, surgical centers, medical technology and durable medical good providers as well as any other industry deemed related to ours. We are fortunate that our state is home to many of these people. Eventually we could seek out state association and offer it as an add on to their membership and heighten our value and pro activity as an organization

**Benefits:** Increased broker advocacy, revenues and input towards solving the healthcare cost and delivery system that have been driving cost upwards for some time. If it does become successful it could be a model for other states. By adding these valued associates that we have never called upon before, we can continue to seek out other in a collaborative effort to improve and enhance and develop guidelines that have not been discussed.



# Central Jersey Association of Health Underwriters

**Email Registration to: [cjahuapplication@gmail.com](mailto:cjahuapplication@gmail.com)**

## 2011-2012 Associate Membership Application Jersey

Name/Designation

Title

Company

Business Address City, State, Zip

Telephone

Fax

Referral/Sponsor

**Please Mark the Box or Boxes for the Areas of Your Practice:**

- |                                   |                                            |                                           |
|-----------------------------------|--------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> CPA      | <input type="checkbox"/> Payroll           | <input type="checkbox"/> Medical Provider |
| <input type="checkbox"/> Attorney | <input type="checkbox"/> TPA               | <input type="checkbox"/> Brokerage Firm   |
| <input type="checkbox"/> Wellness | <input type="checkbox"/> Insurance Company | <input type="checkbox"/> General Agency   |

**Annual Associate Membership Dues- Membership begins on the date your application is processed**

**Central Chapter Dues**

**\*\$ 75 Annual Dues**

**Check (payable to CJAHU)**

**\*Corporate Partnership Discount May Apply**

- 1 person - \$75 CJAHU Annual Fee
- 5-9 people from the same company- \$60 CJAHU Annual Fee
- 10 or more from the same company - \$50 CJAHU Annual Fee
- Current NAHU Member who signs up a Non-licensed member from their office - Automatic \$50 CJAHU Annual Fee

Application for membership constitutes consent for the association to make you aware of products and services via fax, e-mail or mail. It also implied consent for the association to make available your name, address and other business contact information. This information is solely for other members via an on-line or printed membership directory. I have completed this application accurately to the best of my ability.

**Your Signature and Date:** \_\_\_\_\_