



**New Jersey Association of Health Underwriters / NJAHU**

P.O. Box 67, Westfield, New Jersey 07091

Phone: 908-349-0789

Fax: 908-292-1177

Email: [info@njahu.org](mailto:info@njahu.org)

Website: [www.njahu.org](http://www.njahu.org)

**Membership Application for the National Association of Health Underwriters which includes membership in the NJ Association of Health Underwriters and a local chapters of the NJAHU**

Name/ Designation

Title

Company

Business Address City, State, Zip

Telephone

Fax

E-Mail

Referral/Sponsor

Home Zip Code (for legislative purposes)

**Please select the NJ Chapter that is closest to you:**

- NJ Central New Jersey AHU
- NJ Monmouth Ocean AHU
- NJ Northern New Jersey AHU
- NJ Northwest New Jersey AHU
- NJ South New Jersey AHU

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

- |   |                                      |  |
|---|--------------------------------------|--|
| <input type="checkbox"/> Long-Term Care | <input type="checkbox"/> Individual  | <input type="checkbox"/> TPA                 |
| <input type="checkbox"/> Disability     | <input type="checkbox"/> Large Group | <input type="checkbox"/> Self-Insured        |
| <input type="checkbox"/> Managed Care   | <input type="checkbox"/> Small Group | <input type="checkbox"/> Medicare Supplement |

**Annual Membership Dues – Membership Year begins on the date your application is processed.**

Local Chapter Dues	\$ 40.00
State Chapter Dues - New Jersey State	\$ 80.00
National Dues - NAHU	\$195.00

**Total Dues payment: \$315.00**

Please note for US citizens only: Contributions or gifts to associations which are exempt under IRS 501(c) 6 are not tax deductible as charitable contributions. However, they may be deducted as ordinary and necessary business expenses.

**Method of Payment: You may opt to pay the entire fee with a check or credit card OR select monthly bank draft**

- Check (payable to NAHU)       Visa       MasterCard       American Express       Discover

**Bank draft (EFT) /Credit Card Authorization Form:**

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. (Copy of Voided check needed for bank draft).

Name (as it appears on the check or credit card)

Account Number / Expiration Date

Application for membership constitutes consent for the association to make you aware of products and services via fax, e-mail or mail. It also implies 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: \_\_\_\_\_