

MEMBERSHIP APPLICATION

JOIN NAHU / GAHU
THE PREMIER ASSOCIATION FOR
HEALTH BENEFITS PROFESSIONALS



LAST NAME	FIRST NAME	MIDDLE	DESIGNATIONS
COMPANY		TITLE	
BUSINESS ADDRESS		CITY,	STATE, ZIP
PHONE	FAX	EMAIL	
SOCIAL SECURITY NUMBER		AGENT NUMBER	
HOME ADDRESS		CITY,	STATE, ZIP
HOME PHONE	REFERRAL / SPONSOR		

DUES & PAYMENT METHOD

	Annual Payment	Monthly Bank Draft	Local Chapter Dues
NAT'L DUES:	\$ 145.00	\$ 12.08	<input type="checkbox"/> Atlanta +\$40 <input type="checkbox"/> South Atlanta <input type="checkbox"/> NE GA (Gainesville) +\$30
STATE DUES:	\$ 50.00	\$ 2.50	<input type="checkbox"/> CSRA (Augusta) +\$25 <input type="checkbox"/> Chattahoochee (Columbus) <input type="checkbox"/> Coastal Empire (Savannah)
LOCAL DUES:	\$	\$	<input type="checkbox"/> Middle GA (Macon) +\$20 <input type="checkbox"/> NW GA (Calhoun)
TOTAL AMT:	\$	\$ / month	<input type="checkbox"/> S GA (Albany/Tifton) +\$15

Please choose your form of payment:

****Pay your dues in 12 monthly installments**

- Check (Attach copy of a voided check. 1/12th of total dues will be deducted on 2nd of each month.)
 Visa MasterCard AmEx (1/12th of total dues will be deducted on 2nd of each month.)

OR Pay annually:

- Check Visa MasterCard AmEx

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
_____ Visa/Mastercard/AMX	_____
Account Number (Circle One of the Above)	Expiration Date

I am interested in the following GAHU/Local committees:

- | | |
|--|---|
| <input type="checkbox"/> Awards Committee | <input type="checkbox"/> Membership/Hospitality Committee |
| <input type="checkbox"/> Communications/Public Relations Committee | <input type="checkbox"/> Education Committee |
| <input type="checkbox"/> Ethics/ByLaws Committee | <input type="checkbox"/> Programs Committee |
| <input type="checkbox"/> Fundraising/Public Services Committee | <input type="checkbox"/> State Legislation Committee |

Return Membership Application to Gina Grantham, CAE,

c/o GAHU, 248 Creekstone Ridge, Woodstock, GA 30188 or if payment by Credit Card/FAX to (770) 516-0236
Contact: Phone (770) 516-0207; email: gahu@bellsouth.net