

# Join Now and Grow



## 2020 Membership Application

### Section A: Applicant Information

#### Personal Information: *Please Print or Type*

Membership Type: ☐ Regular ☐ Associate ☐ Transfer Only

Local AHU Association \_\_\_\_\_

First, Middle, Last Name \_\_\_\_\_

Designations \_\_\_\_\_

Company Name \_\_\_\_\_

#### Business Information:

Please send all mail to my ☐ Home Address ☐ Business Address

Street Address 1 \_\_\_\_\_

Business Phone \_\_\_\_\_

Street Address 2 \_\_\_\_\_

Business Fax \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Toll-Free Number \_\_\_\_\_

Business Email Address Primary? ☐ Yes ☐ No

Web Address \_\_\_\_\_

#### Home Information:

Street Address 1 \_\_\_\_\_

Home Phone \_\_\_\_\_

Street Address 2 \_\_\_\_\_

Home Fax \_\_\_\_\_

City, State, Zip Home \_\_\_\_\_

Email Primary? ☐ Yes ☐ No

#### Other:

I work for: ☐ Myself as Independent Insurance Agent ☐ General Agency  
☐ Third Party Administrator ☐ Worksite Marketing Company  
☐ Another Insurance Agent ☐ Health Insurance Carrier

My Primary Occupation is: ☐ Sales ☐ Management ☐ Customer Service  
☐ Other \_\_\_\_\_

Please send all email to my: ☐ Home Email ☐ Business Email

☐ Please register me for the Young Agents Taskforce –  
for members \_\_\_\_ years and younger

#### Referred by:

Name (please print) \_\_\_\_\_

City, State \_\_\_\_\_

### Section B:

#### Applicant Profile

1. Which of the following best describes your area of practice?

- ☐ Individual health insurance plans  
☐ Investments and annuities  
☐ Large group health insurance  
☐ Life & disability insurance  
☐ Long term care insurance  
☐ Property & casualty insurance  
☐ Small group health insurance  
☐ Senior (Medicare Supplement / Advantage)

2. Years in Business \_\_\_\_\_

3. What do you hope to gain from your membership with CAHU?

- ☐ Professional Development  
☐ Legislative Involvement  
☐ Networking  
☐ Positive Image  
☐ Other

4. What level of involvement would you like to have with CAHU?

- ☐ Serve on the Board of Directors at the local chapter level  
☐ Serve on a committee  
☐ Become a CE provider  
☐ Sponsor local chapter events  
☐ Support my local chapter by attending meetings and events  
☐ Receive industry communication with no active involvement

5. If you were to volunteer to serve on a committee at the local chapter level, which would you say most suits you:

- ☐ Education  
☐ Programs  
☐ Membership  
☐ Legislative  
☐ Communications  
☐ Public Affairs  
☐ Special Events

### National Association of Health Underwriters Code of Ethics:

- To hold the selling, service & distribution of disability insurance and health insurance plans as a professional and a public trust and to do all in my power to maintain its prestige.
- To keep paramount the needs of those whom I serve.
- To respect my client's trust in me and to never do anything which would betray their trust or confidence.
- To give all service possible when service is needed.
- To present policies factually and accurately, providing all information necessary for the issuance of insurance coverage to the public I serve.
- To consider the sale of disability and health insurance plans as a career, to know and abide by the insurance laws of my state and seek to constantly increase my knowledge and improve my ability to meet the needs of my clients.
- To be fair and just to my competitors and to engage in no practices that may reflect unfavorably on my industry or myself.
- To treat prospects, clients and companies fairly by submitting applications which reveal all available information pertinent to underwriting a policy.
- To be loyal to my clients, associates, fellow agents and brokers, and the company or companies whose products I represent.

### Section C: Payment Information

#### Dues Amounts – Local dues amounts MUST be entered and added to the CAHU dues amount.

(See table below for your local chapter dues amount)

\_\_\_\_\_ + \$230 + \$338 = \_\_\_\_\_  
LOCAL CAHU NAHU TOTAL

Contributions or gifts (including membership dues) to CAHU are not tax deductible as charitable contributions. Pursuant to the Federal Reconciliation Act of 1993, association members may not deduct as ordinary and necessary business expenses, that portion of association dues dedicated to direct lobbying activities. Based upon the calculation required by law, 16% of the dues payment only should be treated as nondeductible by CAHU members. Check with your tax advisor for tax credit/deduction information.

#### Method of Payment (Please check one, Payment Mode Options)

☐ Annual ☐ Monthly ☐ Check ☐ VISA ☐ MC ☐ Amex ☐ Monthly Direct Debit  
(Complete Authorization Agreement Below)

Card Number

Expiration Date

Name on Card

X \_\_\_\_\_  
Signature

\_\_\_\_\_ Date

#### Authorization Agreement for Monthly Debit Payments

NAHU offers a pre-authorized payment system for membership dues. By completing this form and attaching a voided check, you can pay your membership dues on a monthly installment basis. Autocheck eliminates the danger of losing the benefits of membership because of a misplaced invoice and frees up your cash flow for other expenses.

I hereby authorize NAHU to initiate debit entries to my (our) account named below, herein after called bank.

This authority is to remain in full force and effect until BANK has received written notification from me (or either of us) of its termination in such time and in such manner as to afford BANK a reasonable opportunity to act on it. A customer has the right to stop payment on a debit entry by notification to BANK at least 3 days prior to the date scheduled for charging account. A customer also has the right to questions BANK about any debit entry by notifying BANK not less than 60 days after BANK sends a statement to customer containing the entry. BANK will handle all such questions in accordance with its procedures and the requirements for resolving errors found in Regulation E issued by the Federal Reserve Board.

Name(s): \_\_\_\_\_

X \_\_\_\_\_  
Signature

\_\_\_\_\_ Date

#### Customer Bank Information:

Bank Name

Account #

Routing #

Account Name

Starting Date

Monthly Amount

(The monthly amount is 1/12 of the total dues amount)

**Please Attach a Voided Check with this option.**

**Mission Statement:** CAHU will improve its member's ability to meet the health, financial and retirement security needs of all Californians through education, advocacy, legislation and professional development.

**Vision Statement:** Every Californian will have access to private sector solutions for health, financial and retirement security, and the services of insurance professionals.

#### LOCAL CHAPTER DUES

Central California AHU	\$30
Desert Cities AHU	\$25
Golden Gate AHU	\$40
Inland Empire AHU	\$25
Los Angeles AHU	\$35
North Coast AHU	\$50
North Valley AHU	\$25
Orange County AHU	\$40
Sacramento AHU	\$50
San Diego AHU	\$40
Santa Barbara AHU	\$25
Silicon Valley AHU	\$35
Ventura County AHU	\$25