

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

- 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)
- Years in Business _____
- What do you hope to gain from your membership with CAHU?
 Professional Development
 Legislative Involvement
 Networking
 Positive Image
 Other
- 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
- 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

