

# JOIN SVAHU

**THE PREMIER ASSOCIATION FOR  
HEALTH BENEFITS PROFESSIONALS**



**MEMBERSHIP APPLICATION**

LAST NAME                      FIRST NAME                      MIDDLE                      DESIGNATIONS

COMPANY                      TITLE

BUSINESS ADDRESS                      CITY, STATE, ZIP

HOME ADDRESS                      CITY, STATE, ZIP

PHONE                      FAX                      REFERRAL / SPONSOR

EMAIL

**DUES & PAYMENT METHOD**

	ANNUAL PAYMENT	MONTHLY BANK DRAFT	FORM OF PAYMENT
NAT'L DUES:	\$ 270.00	\$ 22.50	<input type="checkbox"/> Check (payable to NAHU)
STATE DUES:	\$ 170.00	\$ 14.17	<input type="checkbox"/> Bank Draft
LOCAL DUES:	\$ 35.00	\$ 2.92	<input type="checkbox"/> VISA
<b>ANNUAL DUES:</b>	<b>\$ 475.00</b>	<b>\$ 39.59/ MONTH</b>	<input type="checkbox"/> Mastercard
Associate Membership:	\$ 50.00*		<input type="checkbox"/> American Express

**Bank Draft / Credit Card Authorization**

*I (we) hereby authorize NAHU to initiate debt entries to my (our) account indicated (for automatic withdrawals from your checking account, please **attach a voided check** to this application). 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

Account Number                      Expiration Date

I am interested in the following SVAHU committees:

- |   |  |
|---|--|
| <input type="checkbox"/> Agent Carrier Relations Ad Hoc Committee | <input type="checkbox"/> Charity Golf Committee      |
| <input type="checkbox"/> Awards Committee                         | <input type="checkbox"/> Community Service Committee |
| <input type="checkbox"/> Education Committee                      | <input type="checkbox"/> Sales Expo Committee        |
| <input type="checkbox"/> Membership Committee                     | <input type="checkbox"/> Social Committee            |
| <input type="checkbox"/> Legislation Committee                    | <input type="checkbox"/> Newsletter Committee        |

\* Associate Member Annual Dues apply ONLY to those individuals who do not have an insurance license or, who do, but belong to another NAHU chapter & want to be included in SVAHU mailings and bi-monthly newsletter. **IMPORTANT: Name of your primary NAHU Chapter:** \_\_\_\_\_

**Return Membership Application to: Silicon Valley Association of Health Underwriters  
2520 Venture Oaks Way, Suite 150, Sacramento, CA 95833, or if payment by credit card, fax to:  
(916) 924-7323**