



PO Box 3355
 Citrus Heights, CA 95611-3355
 (916) 565-6553
 (916) 726-5886 fax
sahu@bmsch.com / www.sahu-ca.com

Company/Agency Name		Name	
Business Address		City/State/Zip	
Telephone	FAX #:	E-MAIL:	
Home Address		City/State/Zip	
Referred by	DOI License/ Renewal Date	Social Security	

DUES & PAYMENT INFORMATION

NAHU Portion \$195.00
 CAHU Portion \$170.00
 SAHU Portion \$ 50.00
 Total \$415.00

FORM OF PAYMENT ENCLOSED

- Pre-Authorized Checking (See Below)
- Check Payable to NAHU
- MasterCard VISA Amex

You may pay for your membership on a monthly installment basis. NAHU will deduct 1/12 of your total dues monthly.

PRE-AUTHORIZED CHECKING MONTHLY DEDUCTION

Please read the statement below. Sign and return the form and with a voided check from your account. Then write a second check for \$34.57, payable to **NAHU**. Renewing members attach voided check and one month's dues for \$34.57

I (we) hereby authorize the National Association of Health Underwriters to initiate debit entries to my (our) account named at the bank below, hereinafter call BANK. This authorization is to remain in full force and effect until the 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 question 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 requirement for resolving errors in Regulation E issued by the Federal Reserve Board.

Names	Social Security # or Federal Tax ID
Signed	Signed
Date	Customer Bank
Name	
Customer Account	Customer Account
Starting Date	
Starting Date	

If paying the total annual fee by credit card, complete the section below and fax the application to (916) 726-5886

Card # (Visa, MC, Amex) _____ Exp Date _____
 Billing Zip Code _____ VIN # _____ (3 digits upper right back of card)
 Name on Card _____
 Signature _____

If paying the total fee by check. mail application and check to:
Sacramento Association of Health Underwriters
PO Box 3355 ● Citrus Heights, CA 95611-3355

For Additional Membership Information Please Call
Membership Chair Mike Schultz at (916) 563-2223 or SAHU at (916) 565-6553