

# Southern Illinois Association of Health Underwriters (SIAHU)



National Association  
of Health Underwriters

*America's Benefits Specialists*

a local chapter of the

## CHARTER MEMBERSHIP APPLICATION

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BUSINESS PHONE ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
(for legislative purposes) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE (Optional) ( ) \_\_\_\_\_ E-MAIL \_\_\_\_\_

MOBILE PHONE ( ) \_\_\_\_\_ SSN# \_\_\_\_\_

*(For C.E. Credit Purposes Only)*

Sponsor \_\_\_\_\_

Questions? Contact any of the following members of the SIAHU membership team:

Laura Poole [laura.poole@healthlink.com](mailto:laura.poole@healthlink.com) (314) 457-3499

Jamie Simmons [jamie@sas105.com](mailto:jamie@sas105.com) (618) 439-2911

Dane Spalt [dane.spalt@healthalliance.org](mailto:dane.spalt@healthalliance.org) (618) 985-1000 x 1124 Ron Upshaw [ron\\_upshaw@bcbsil.com](mailto:ron_upshaw@bcbsil.com) (618) 525-0961

Annual Membership Dues	<b>\$300.00</b>	<b>MAIL THIS APPLICATION AND YOUR CHECK OR OTHER FORM OF PAYMENT TO:</b>  <b>SIAHU</b> c/o _____ Address _____ City, State Zip _____ Ph: ( ) - _____ Fax: ( ) - _____
<i>Payment Options:</i>		
<b>OPTION #1 - Monthly checking account bank draft or credit card preauthorized debit (1/12<sup>th</sup> annual dues debited monthly):</b>  Check [ ] – OR – Credit Card [ ]	<b>\$25.00 per month</b>	
<b>OPTION #2 - Total annual dues by check [ ]</b>	<b>\$300.00</b>	
<b>OPTION #3 - Total annual dues by credit card [ ]</b>	<b>\$300.00</b>	
<b>IMPORTANT:</b> If payment is by credit card, are you using Visa, Mastercard, or AMEX?		

**Make checks payable to: National Association of Health Underwriters or "NAHU"**

### PRE-AUTHORIZED MONTHLY CHECKING ACCOUNT BANK DRAFT - CREDIT CARD FORM:

I (We) elect payment option \_\_\_\_ Option #1 \_\_\_\_ Option #2 \_\_\_\_ Option #3, and in the case of Option #1 further authorize NAHU to initiate monthly debit entries to my (our) account indicated. Monthly debits will equal one-twelfth of any applicable national, state, or local association dues. **Please include a voided check if you are electing to use the monthly draft from your checking account.** We do not offer a preauthorized checking account draft for the annual payment of dues by check.

**IMPORTANT NOTE:** For your convenience, credit card authorizations may be securely faxed to the Fax # shown above, which is a completely private fax number.

NAME(S) \_\_\_\_\_ SS# \_\_\_\_\_

BANKING INSTITUTION \_\_\_\_\_ ACCT# \_\_\_\_\_

CREDIT CARD # \_\_\_\_\_ EXP DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

The National Association of Health Underwriters (NAHU) is a professional society whose membership is comprised of health insurance professionals. Membership means making a commitment to abide by the code of ethics of NAHU. Membership also provides an opportunity for peer recognition of achievement through the Leading Producers Round Table (LPRT).