



NAHU/OSAHU MEMBERSHIP APPLICATION

MAKE CHECK PAYABLE TO: NAHU

Name _____

Company _____

Business Address _____

Home Address* _____

Business Phone _____

Business Fax _____

Business Email _____

Home Email _____

State License Number _____

Sponsor Rebecca R Connel

*For legislative purposes

Annual OSAHU dues include state and national dues where applicable.

NAHU Portion.....	\$270.00
State Portion.....	\$ 30.00
Total.....	\$300.00

FORM OF PAYMENT

- Check – Annual Payment
- Visa
- MasterCard
- American Express
- Bank or Credit Card Draft (see below)

**BANK OR CREDIT CARD DRAFT
OR CREDIT CARD AUTHORIZATION**

I (we) hereby authorize NAHU to initiate debit entries to my (our) account indicated. Monthly debits will equal one-twelfth of any applicable national, state or local dues and fees.

NAME: _____

ACCOUNT/CARD#: _____

EXP DATE: _____

SIGNATURE: _____

For Bank Draft, send no money now; just include a voided, blank check from your business or personal checking account.

Please indicate what committee you would like to be involved in:

- Awards
 Membership
 Communications
 Education
 Golf
 OHUPAC / OKHUPAC
 Legislative

Please return completed form and payment (**MAKE CHECK PAYABLE TO NAHU**) to:

Oklahoma State Association of Health Underwriters
 Attention: Membership
 2805 E. Skelly Dr. #808
 Tulsa, OK 74105

Questions can be directed to your OSAHU Membership Team:
becky@benefitsok.com