

**A Professional Association with a  
Commitment to Excellence**

The National Association of Health Underwriters founded in 1929 is a professional organization for men and women dedicated to the health insurance industry. NAHU promotes quality within our industry through information, education, legislation, member participation and experienced leadership.

When you become a member of the NAHU/WPAHU, you demonstrate a willingness to join over 20,000 others across the nation who are truly committed to ensuring the continued progress of the industry, and preserving the integrity of our profession as outlined in the NAHU Code of Ethics. Working in cooperation with NAHU and its many state and local associations, members are able to participate in a variety of different ways, including:

**NAHU Events and Programs**

Annual Convention \* Capitol Conference \* Federal legislative representation \* Washington Update \* Health Insurance Underwriter Magazine \* NAHU Web Page w/ access to other relevant Internet sites \* Registered Health Underwriter (RHU) Registered Employee Benefits Consultant (REBC) Professional Designation Programs \* Leading Producers Round Table (LPRT) for outstanding sales achievement \* Newsletters

**NCAHU Events and Programs**

Annual Sales Symposium (which qualifies for Continuing Education credit) \* Annual Leadership Conference \* Day-on-the-Hill \* NCAHU Web Page \* HealthUnderwriter Newsletter \* State Legislative updates

**WPAHU Events and Programs**

Monthly meetings with top industry speakers \* Annual Golf Tournament to benefit charity and various other public service opportunities \* Monthly newsletter \* RHU/REBC study groups \* Networking with you peers \* Local area legislative updates \* WPAHU Web Page

***YES! I want to be a member of the  
Western Piedmont Association of  
Health Underwriters!***

\_\_\_\_\_  
Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
WPAHU Member Sponsor

Please indicate in which of the following areas you would like to become involved. Please check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Association Officer | <input type="checkbox"/> Public Service         |
| <input type="checkbox"/> Board of Directors  | <input type="checkbox"/> Continuing Education   |
| <input type="checkbox"/> Membership          | <input type="checkbox"/> Golf Tournament        |
| <input type="checkbox"/> Law & Legislative   | <input type="checkbox"/> Communication          |
| <input type="checkbox"/> Speaker's Bureau    | <input type="checkbox"/> Hospitality/Newsletter |
| <input type="checkbox"/> Awards              | <input type="checkbox"/> Compliance Seminar     |
| <input type="checkbox"/> HUPAC/NCPAC         | <input type="checkbox"/> Website                |
| <input type="checkbox"/> Other _____         |   |

**DUES & PAYMENT INFORMATION**

NAHU DUES	\$195.00
State Dues	\$45.00
Local Dues	\$40.00
<b>TOTAL DUES</b>	<b>\$280.00</b>

Attach a voided check to this application and mail to:

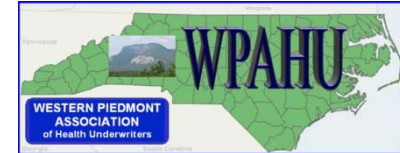
Western Piedmont Association  
of Health Underwriters  
Post Office Box 3634  
Hickory, NC 28603

***Thank you for becoming part of WPAHU!  
We're glad to have you with us***

***Protect  
YOUR  
Future...***

*Join the*

***Western Piedmont  
Association of  
Health  
Underwriters***



For more information visit us at  
[www.wpahu.org](http://www.wpahu.org)

Local Chapter of the  
**National Association  
of Health Underwriters**  
[www.nahu.org](http://www.nahu.org)





# NAHU Membership Application



<b>Last Name</b>	<b>First Name</b>	<b>Designation</b>	
<b>Company</b>	<b>Title</b>	<b>Referral/Sponsor</b>	
<b>Mailing Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Telephone</b>	<b>Fax</b>	<b>Work E-Mail Address</b>	
<b>Home Street Address (for legislative purposes)</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Home Phone Number</b>	<b>Home Email Address</b>		

**Local Association (see other side of this application)**

**Form of Payment Enclosed:**                      **Amount:** \_\_\_\_\_

- Monthly Draft (please select one)                       Checking Account                       Credit Card  
 Check (payable to NAHU)  
 Annual Credit Card (please select one)                       Visa                       MasterCard                       Am Ex                       Discover

**Bankdraft / Credit Card Authorization Form:**

I (we) hereby authorize NAHU to initiate debit entries to my (our) account as indicated.

- Monthly debits will equal one-twelfth of any current applicable national, state or local dues.
- (Please include a voided check from the account to be drafted, or write credit card number below)

<b>Name (as it appears on the check or credit card)</b>	<b>Signature</b>
<b>Account Number</b>	<b>Expiration Date</b>

**Please Mark the Box or Boxes For The Areas of Your Practice:**

<input type="checkbox"/> Long Term Care	<input type="checkbox"/> Disability	<input type="checkbox"/> Managed Care	<input type="checkbox"/> Retirement
<input type="checkbox"/> Individual	<input type="checkbox"/> Large Group	<input type="checkbox"/> Small Group	<input type="checkbox"/> Worksite Mktg.
<input type="checkbox"/> TPA	<input type="checkbox"/> Self Insured	<input type="checkbox"/> Medicare Supplement	<input type="checkbox"/> Dental

**Mail To: NAHU, 2000 N. 14th Street, Suite 450, Arlington, VA 22201**  
**Fax to: 703 841-7795**



**If you have questions, please contact Illana Maze,  
 NAHU Sr. VP Marketing & Development,  
 at 703-276-3810**

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