

# 2010 OAHU Membership Application

LAST NAME FIRST NAME MIDDLE DESIGNATIONS

COMPANY TITLE

BUSINESS ADDRESS CITY, STATE, ZIP

PHONE FAX

EMAIL REFERRAL/SPONSOR

HOME ADDRESS FOR LEGISLATIVE PURPOSES CITY, STATE, ZIP

LOCAL ASSOCIATION (*circle one*): PORTLAND WILLAMETTE VALLEY EAST CASCADES

## DUES & PAYMENT METHOD

	ANNUAL PAYMENT	MONTHLY BANK DRAFT	Form Of Payment
NAT'L DUES:	\$ 195.00	\$ 16.25	<input type="checkbox"/> Check ( <i>Payable to NAHU</i> )
STATE DUES:	\$ 55.00	\$ 4.58	<input type="checkbox"/> Bank Draft ( <i>Attach Voided Check</i> )
LOCAL DUES:	<u>\$ 25.00</u>	<u>\$ 2.09</u>	<input type="checkbox"/> Visa
TOTAL Amount:	\$ 275.00	\$ 22.92/MONTH	<input type="checkbox"/> MasterCard
			<input type="checkbox"/> American Express

\* A \$4.00 Service Charge on Credit Card Payments

## BANK DRAFT/ CREDIT CARD AUTHORIZATION

I (we) hereby authorize NAHU to initiate debt entries to my (our) account indicated. 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 Visa/MasterCard/AMEX Expiration Date  
*Circle One of the Above*

## I am Interested in the following OAHU committees:

- |   |   |
|---|---|
| <input type="checkbox"/> SPEAKERS BUREAU                        | <input type="checkbox"/> STATE CONVENTION COMMITTEE       |
| <input type="checkbox"/> PACIFIC NW EMPLOYEE BENEFITS COMMITTEE | <input type="checkbox"/> ANNUAL GOLF TOURNAMENT COMMITTEE |
| <input type="checkbox"/> LEGISLATIVE AFFAIRS COMMITTEE          | <input type="checkbox"/> SPRING FORUM COMMITTEE           |

RETURN MEMBERSHIP APPLICATION TO: OAHU, PO Box 493, SALEM, OR 97308

Oregon Association of Health Underwriters

