



VCAHU Membership Application



Last Name _____ First Name _____ Designations _____

Company _____ Title _____

Business Address _____

City/State/Zip _____

Phone _____ Email _____

Referral/Sponsor _____ License # _____

Please Mark the Box or Boxes for the Area(s) of Your Practice:

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

Monthly Autocheck

NAHU offers a pre-authorized payment system for membership dues. By completing this form and attaching a voided check, you can pay your membership dues on a monthly installment basis. Autocheck eliminates the danger of losing the benefits of membership because of a misplaced invoice, and frees up your cash flow for other expenses.

I hereby authorize NAHU to initiate debit entries to my (our) account named below, herein after called bank.

This authority is to remain in full force and effect until 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 requirements for resolving errors found in Regulation E issued by the Federal Reserve Board.

Name _____

Date _____

Signed _____

Customer Bank Information: (please attach a voided check)

Bank Name _____

Account # _____

Routing # _____

Account Name _____

Membership Dues

NAHU portion of dues: \$270.00

CAHU dues: \$170.00

VCAHU Chapter dues: \$ 25.00

TOTAL DUES: \$465.00

***Only \$38.75 a Month!**

Payment Options

- Annual check made payable to NAHU
- Annual Credit Card
- Monthly Credit Card Credit Card Authorization

VISA MasterCard Am Ex Discover
Card # _____

Expiration Date: _____ V Code _____

Name (on card) _____

Signature _____

Email Application to:
manager@vcahu.com