



Making a Difference in People's Lives...One Member at a Time

# 2021 MEMBERSHIP APPLICATION

## ORANGE COUNTY CHAPTER

### SECTION A: APPLICANT INFORMATION

PERSONAL INFORMATION: Please Print or Type

Membership Type:  Regular  Associate  Transfer Only

\_\_\_\_\_  
First, Middle Initial, Last Name

\_\_\_\_\_  
Designations

\_\_\_\_\_  
Company Name

### BUSINESS INFORMATION:

Please send all mail to my  Home Address  Business Address

\_\_\_\_\_  
Street Address 1

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Street Address 2

\_\_\_\_\_  
Business Fax

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Toll-Free Number

Business Email Address: Primary?  Yes  No

\_\_\_\_\_  
Web Address

### HOME INFORMATION:

\_\_\_\_\_  
Street Address 1

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Street Address 2

\_\_\_\_\_  
Home Fax

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Home Email Address  
Primary?  Yes  No

### OTHER:

I work for:  Myself as an Independent Insurance Agent  General Agency  
 Third Party Administrator  Worksite Management Company  
 Another Insurance Agent  Health Insurance Carrier

My Primary Occupation is:  Sales  Management  Customer Service  
 Other \_\_\_\_\_

Please send all email to my:  Home  Business

Referred by: \_\_\_\_\_

Name: please print

Chapter

### SECTION B:

#### APPLICANT PROFILE

- Which of the following best describes your area of practice?
  - Individual health insurance plans
  - Investments and annuities
  - Large group health insurance
  - Life & disability insurance
  - Long term care insurance
  - Property & casualty insurance
  - Small group health insurance
  - Senior (Medicare Supplement / Advantage)

2. Years in Business \_\_\_\_\_

- What do you hope to gain from your membership with OCAHU?
  - Professional Development
  - Legislative Involvement
  - Networking
  - Positive Image
  - Other

- What level of involvement would you like to have with OCAHU?
  - Serve on the Board of Directors at the chapter level
  - Serve on a committee
  - Become a CE provider
  - Sponsor chapter events
  - Support my chapter by attending meetings and events
  - Receive industry communication with no active involvement

- If you were to volunteer to serve on a committee, which would you say most suits you?
  - Education
  - Programs
  - Membership
  - Legislative
  - Communications
  - Public Affairs
  - YAHU
  - Special Events

### 3 WAYS TO JOIN!

ONLINE at [www.nahu.org](http://www.nahu.org) ■ FAX Application with Credit Card Info to (858) 408 2671  
Or MAIL with payment to: OCAHU, 1442 E. Lincoln Avenue, PMB 441 ■ Orange CA 92865

## SECTION C: PAYMENT INFORMATION

### MEMBERSHIP FEES:

REGULAR MEMBER: \$616  ANNUAL OR \$51.33  MONTHLY (*Dues Breakdown: OCAHU: \$40 / CAHU: \$230 / NAHU: \$346*)

ASSOCIATE MEMBER: \$50

Primary AHU: \_\_\_\_\_

Membership dues are not tax deductible as charitable contributions.

### METHOD OF PAYMENT:

CHECK  AMEX  MASTERCARD  VISA  MONTHLY DIRECT DEBIT (COMPLETE AUTHORIZATION AGREEMENT BELOW)

Card Number

Expiration Date

Name on Card

X

Signature

Date

### AUTHORIZATION AGREEMENT FOR MONTHLY DEBIT PAYMENTS

*(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 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(s)

X

Signature

Date

### CUSTOMER BANK INFORMATION

Bank Name

Account Number

Account Name

Routing Number

**\$51.33**

Start Date

Monthly Debit is 1/12 of the total annual dues amount

### PLEASE ATTACH A VOIDED CHECK WITH THIS OPTION

**OCAHU Mission Statement:** To promote and encourage the association of professionals in the health insurance field for the purpose of education, promoting effective legislation, sharing information and advocating fair business practices among our members, the industry and the general public.

### Our Objectives:

- To maintain the highest standards for state and service of Health and Disability Insurance
- To advocate public knowledge for the need and benefits of Health and Disability Insurance
- To provide and promote a program of continuing education and self-improvement for its members
- To be active as an association in public affairs, and to encourage members to support and contribute to community activities
- To advocate fair business practices as they relate to the health industry, our members, and the general public
- To promote the code of ethics of the National Association of Health Underwriters
- To promote a positive relationship with local, state and national legislators, and health insurance-related concerns
- To provide our membership and the consumer with accurate, up-to-date information on health insurance-related topics
- OCAHU upholds the values of our national association