



## North Coast Association of Health Underwriters

### ASSOCIATE MEMBERSHIP APPLICATION

*Associate Member Dues are just \$75 per year!*

**Date:** \_\_\_\_\_ **Current Local Chapter:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Professional Designation:** \_\_\_\_\_ **Insurance License #:** \_\_\_\_\_

**Company/Agency:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Telephone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **FAX:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Home Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Sponsor's Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Please charge my registration fee to my:  MasterCard  Visa  American Express

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

3 Digit V-Code (MC/VISA): \_\_\_\_\_ 4 Digit V-Code (AMEX): \_\_\_\_\_ Signature: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_ Billing \_\_\_\_\_

Address \_\_\_\_\_ City, St, Zip Code: \_\_\_\_\_

My check made payable to NCAHU is enclosed.

**Please send your completed application to: NCAHU**

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Email: info@northcoastahu.org