2022 CFAHU Membership Application

Last Name _____ First Name _____

Designation _____ Company _____

Title _____ Referral/Sponsor _____

Mailing Street Address _____ City _____

State _____ Zip _____ Telephone _____

Fax _____ Work E-Mail Address _____

Home Street Address (for legislative purposes) _____

City _____ State _____ Zip _____

Home Phone Number _____ Home Email Address _____

Local Association: **Central Florida Association of Health Underwriters**

Form of Payment Enclosed: **Amount:** _____

☐ Monthly Draft (please select one) $46.83 ☐ Checking Account ☐ Credit Card
☐ Check (**payable to NAHU**) $562
☐ Annual Credit Card (please select one) $562 ☐ Visa ☐ MasterCard ☐ American Express ☐ 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)

Name (as it appears on the check or credit card) _____ Signature _____

Account Number _____ CVV code: _____ Expiration Date _____

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

☐ Long Term Care ☐ Disability ☐ Managed Care ☐ Retirement ☐ Individual Plans
☐ Large Group ☐ Small Group ☐ Worksite Mktg. ☐ TPA ☐ Self Insured
☐ Medicare ☐ Dental

If you wish to donate to HUPAC, please send your donation to:
HUPAC
999 E Street NW, Suite 400, Washington DC 20004 or online at www.hupac.org

Mail To: FAHU
PO Box 150358
Altamonte Springs, FL 32715-0358
Fax/email to: 407-831-2990/fahu@fahu.org