



State Membership Advantages

State Lobbyist working
on our behalf

Discounted professional
liability insurance

Free Continuing Education credit

Networking Accessibility

Up to date Legislative news
from e-blasts.

Informative web site
www.isahu.com

Higher education classes

Leading Producer Round Table

Member discounts through the
NAHU's Affinity Program.

To view list of participating companies
visit www.nahu.org/members

National Association
of Health Underwriters
Mission Statement

*"NAHU WILL IMPROVE ITS
MEMBERS' ABILITY TO MEET THE
HEALTH, FINANCIAL AND
RETIREMENT SECURITY NEEDS OF
ALL AMERICANS THROUGH
EDUCATION, ADVOCACY AND
PROFESSIONAL DEVELOPMENT."*

National Association
of Health Underwriters
Vision Statement

*"EVERY AMERICAN WILL HAVE
ACCESS TO PRIVATE SECTOR
SOLUTIONS FOR HEALTH,
FINANCIAL AND RETIREMENT
SECURITY AND THE SERVICES OF
INSURANCE PROFESSIONALS."*

ILLINOIS STATE ASSOCIATION OF HEALTH UNDERWRITERS



CENTRAL ILLINOIS
CHICAGO
NORTHEASTERN ILLINOIS
DuPAGE ILLINOIS
NORTHERN ILLINOIS
CHICAGO SOUTHLAND ILLINOIS



MEMBERSHIP APPLICATION

PLEASE INDICATE LOCAL CHAPTER YOU ARE JOINING:

- CENTRAL \$305.00
- CHICAGO NE \$310.00
- DuPAGE \$300.00
- NORTHERN \$300.00
- CHICAGO SOUTHLAND \$300.00

Associate membership with another chapter \$45.00

- Central AHU Chicago NE AHU
- DuPage AHU Northern AHU
- Chicago Southland AHU

Please send the membership application with payment To your membership chair:

NAME: _____ TITLE: _____

BUSINESS NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: _____ FAX: _____

HOME ADDRESS: _____
(FOR LEGISLATIVE PURPOSE)

HOME PHONE: _____ E-MAIL: _____

CELLULAR PHONE: _____ SS#: _____
(FOR CE CREDIT PURPOSES ONLY)

SPONSOR: _____

Please make check payable to NAHU for full national and local membership.
For an Associate membership make check payable to the individual chapter.

BANK DRAFT OR CREDIT CARD AUTHORIZATION FORM:

I (we) authorize NAHU to initiate debt enteries to my(our) account indicated.
Monthly debits will equal one-twelfth of any current applicable national state or local dues.
(Attach a voided check)

NAME: _____ SS#: _____
(AS IT APPEARS ON THE CHECK OR CREDIT CARD)

SIGNATURE: _____

BANKING INSTITUTION: _____ ACCOUNT NUMBER: _____

TYPE OF CREDIT CARD: _____

CREDIT CARD #: _____ EXP DATE: _____