

**JOIN NAHU / LAHU  
THE PREMIER ASSOCIATION FOR  
HEALTH BENEFITS PROFESSIONALS**



LAST NAME FIRST NAME MIDDLE DESIGNATIONS

COMPANY TITLE

BUSINESS ADDRESS CITY, STATE, ZIP

PHONE FAX EMAIL

Lowcountry Association of Health Underwriters- SC

REFERRAL/SPONSOR

HOME ADDRESS CITY STATE ZIP

HOME PHONE HOME EMAIL

**DUES & PAYMENT METHOD**

Annual Payment	Monthly Bank Draft
\$ 275.00	\$ 22.92

*Lowcountry Association  
of Health Underwriters*



**Please choose your form of payment:**

**Pay your dues in 12 monthly installments**

- Bank Draft (Attach copy of a voided check. \$22.92 will be deducted on 2<sup>nd</sup> of each month.)
- Check
- Visa  MasterCard  AmEx (\$22.92 will be deducted on 2<sup>nd</sup> of each month.)

OR

**Pay annually**

- Check (made payable to NAHU)  Visa  Mastercard  AmEx

**Bank Draft / Credit Card Authorization**

*I (we) hereby authorize NAHU to initiate debit entries to my (our) account indicated. Monthly debits will equal one-twelfth of any current applicable national, state or local dues.*

NAME (as it appears on Check or Credit Card) Signature

Visa / Mastercard / AMX

Account Number (Circle One of the Above) Expiration Date

**I am interested in the following LAHU/Local committees:**

- Awards Committee
- Communications/Public Relations Committee
- Ethics/ByLaws Committee
- Fundraising/Public Services Committee
- Membership/Hospitality Committee
- Education Committee
- Programs Committee
- State Legislation Committee

**Return Membership Application to**

P.O. Box 11662, Columbia, SC 29211 or FAX to 803-252-7799  
Contact: Phone (803) 252-7128

