

MEMBERSHIP APPLICATION

JOIN OAHU THE PREMIER ASSOCIATION FOR HEALTH BENEFITS PROFESSIONALS

Helping Ohioans with
Healthcare Benefit
Choices



LAST NAME FIRST NAME MIDDLE DESIGNATIONS

COMPANY TITLE

BUSINESS ADDRESS CITY, STATE, ZIP

PHONE FAX EMAIL

HOME ADDRESS CITY, STATE, ZIP

HOME PHONE HOME EMAIL

REFERRAL/SPONSOR

DUES & PAYMENT METHOD

Local Chapter Dues	Annual Payment	Monthly Bank Draft
<input type="checkbox"/> Cincinnati	\$ 425.00	\$ 35.42/ mo
<input type="checkbox"/> Columbus	\$ 415.00	\$ 34.58/ mo
<input type="checkbox"/> Northeast	\$ 455.00	\$ 37.92/ mo
<input type="checkbox"/> Northwest	\$ 420.00	\$ 35.00/ mo
<input type="checkbox"/> Western Reserve	\$ 420.00	\$ 35.00/ mo

Please choose your form of payment:

****Pay your dues in 12 monthly installments**

- Check Attach copy of a voided check. (1/12th of total dues will be deducted each month.)
 Visa MasterCard AMEX (1/12th of total dues will be deducted each month.)

OR Pay annually:

- Check Visa MasterCard AMEX

Bank Draft / Credit Card Authorization

I (we) hereby authorize NAHU to initiate debt 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

Return Membership Application to Jackie Symons

c/o OAHU, 3053 Nationwide Parkway, Brunswick, OH 44212 or if payment by Credit Card/FAX to (216) 803-9900
Contact: Phone (330) 273-5756; email: admin@ohioahu.org