



Clark County Association of Health Underwriters Associate Membership Application

Associate membership is available to our insurance associates who are members of other Health Underwriter chapters who are members in good standing of another local AHU Chapter.

The annual dues for this local-only membership to Clark County AHU is \$45. Associate members pay the same amount as members for monthly meetings and are included in all Chapter Communications and events.

Please share what CHAPTER you are already an existing member of: _____

Last Name First Name Designation

Company Name Title

Mailing Street Address City State Zip

Telephone Fax E-Mail Address

Home Street Address (for legislative purposes) City State Zip

Referred by/Sponsor: _____

Payment Method:

Check (payable to CCAHU or Clark County AHU)

(please circle one): Visa MasterCard

Card # _____ Exp _____ V-Code _____
(last 3 digits on reverse side)

Name as it appears on the Credit Card: _____

Credit Card Billing Address: _____
Street Address

City State Zip

Please indicate your areas of practice: __ Long Term Care __ Disability __ Managed Care __ Individual __ Large Group __ Small Group __ TPA __ Self Insured __ Medicare Supplement

Mail To: Clark County Association of Health Underwriters
Attn: Associate Membership Application
P.O. Box 1071, Fresno CA 93714

Or Fax to: 559-227-1463