

**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	\$ 449.00	\$ 37.42/ mo
<input type="checkbox"/> Columbus	\$ 439.00	\$ 36.58/ mo
<input type="checkbox"/> Northeast	\$ 479.00	\$ 39.92/ mo
<input type="checkbox"/> Northwest	\$ 444.00	\$ 37.00/ mo
<input type="checkbox"/> Western Reserve	\$ 444.00	\$ 37.00/ mo

**Please choose your form of payment:**

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

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