

# 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	\$ 365.00	\$ 30.42/ mo
<input type="checkbox"/> Columbus	\$ 355.00	\$ 29.58/ mo
<input type="checkbox"/> Northeast	\$ 395.00	\$ 33.00/ mo
<input type="checkbox"/> Northwest	\$ 360.00	\$ 30.00/ mo
<input type="checkbox"/> Western Reserve	\$ 360.00	\$ 30.00/ 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, 4036 Center Road, Suite B, Brunswick, OH 44212 or if payment by Credit Card/FAX to (216) 803-9900  
 Contact: Phone (330) 273-5756; email: admin@ohioahu.org