



CAHIP-IE MEMBERSHIP APPLICATION

Last Name _____ First name _____ Designations _____
 Company _____ Title _____
 Business Address _____
 City/State/Zip _____
 Telephone _____ Fax _____ E-Mail _____
 Home Address _____ City _____ St _____ Zip _____

In order to better serve our members legislatively, we are now requesting full home address information.

With all the re-districting that has been happening, getting full home addresses will better enable us to tell which legislative district each of our members are located in. This information will be kept private and solely used for legislative purposes.

Referral/Sponsor _____ Your License Number _____

Please Mark the Box(s) The Areas of Your Practice:

- | | | | |
|---|---------------------------------------|--|---|
| <input type="checkbox"/> Dental | <input type="checkbox"/> Disability | <input type="checkbox"/> Individual Plan | <input type="checkbox"/> Large Group |
| <input type="checkbox"/> Long Term Care | <input type="checkbox"/> Managed Care | <input type="checkbox"/> Medicare | <input type="checkbox"/> Retirement. |
| <input type="checkbox"/> Self Insured | <input type="checkbox"/> Small Group | <input type="checkbox"/> TPA | <input type="checkbox"/> Worksite Mktg. |

MONTHLY AUTOCHECK

NABIP offers a pre-authorized payment system for membership dues. By completing this form and attaching a voided check, you can pay your membership dues on a monthly installment basis. Autocheck eliminates the danger of losing the benefits of membership because of a misplaced invoice, and frees up your cash flow for other expenses.

I hereby authorize NABIP to initiate debit entries to my (our) account named below, herein after called bank.

This authority is to remain in full force and effect until BANK has received written notification from me (or either of us) of its termination in such time and in such manner as to afford BANK a reasonable opportunity to act on it. A customer has the right to stop payment on a debit entry by notification to BANK at least 3 days prior to the date scheduled for charging account. A customer also has the right to question BANK about any debit entry by notifying BANK not less than 60 days after BANK sends a statement to customer containing the entry. BANK will handle all such questions in accordance with its procedures and the requirements for resolving errors found in Regulation E issued by the Federal Reserve Board.

Name(s): _____
 Date: _____
 Signed: _____

Customer Bank Information: (please attach a voided check)

Bank Name: _____
 Account #: _____
 Routing #: _____
 Account Name: _____

Check Us Out On the Web : www.ieahu.net

MEMBERSHIP DUES

NAHU portion of dues: \$362.00
CAHU dues: \$230.00
IEAHU Chapter dues: \$ 25.00
TOTAL DUES: \$617.00

***Only \$51.41 a Month!**

PAYMENT OPTIONS

- Annual check made payable to **NABIP**
 Annual Credit Card
OR
 Monthly Credit Card

Credit Card Authorization

- VISA MasterCard Am Ex Discover

Card # _____
 Expiration Date: _____ VCode _____
 Name (on card) _____
 Signature _____

Mail or Fax Application to:

CAHIP-IE

1900 W. Redlands Blvd., #11088
 San Bernardino, CA 92423
 Fax #: 866-922-8387
 Phone: 866-922-8387

Which committee would you like to serve on:

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Membership | <input type="checkbox"/> Programs |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Legislation |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Awards |

Email: ieahu.administration@gmail.com