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:

- ❑ Dental
- ❑ Long Term Care
- ❑ Self Insured
- ❑ Disability
- ❑ Managed Care
- ❑ Small Group
- ❑ Individual Plan
- ❑ Medicare
- ❑ TPA
- ❑ Large Group
- ❑ Retirement.
- ❑ 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

NABIP portion of dues:	**$378.00**
CAHIP dues:	**$230.00**
IE Chapter dues:	**$ 25.00**
TOTAL DUES:	**$633.00**

****Only $52.74 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:

☐ Membership ☐ Programs
☐ Hospitality ☐ Legislation
☐ Newsletter ☐ Awards

Email: ***ieahu.administration@gmail.com***