Wisconsin Association of Health Underwriters State Membership

**Special Limited Time Offer*

Member Name:	**WAHU Sponsor (optional):**
Date of Application:	**Company:**
Address:	
City:	State: Zip:
Phone:	Fax:
e-Mail:	**REQUIRED NPN Number:**
Home Address:	
(*for legislative purposes*) City:	State: Zip:
Phone:	Home email:

Choose a Chapter (Check One):	**DUES INFORMATION:**
☐ **Fox Valley (FV)** ☐ **North Central (NC)** ☐ **South Central (SC)** ☐ **Southeastern (SE)** 	**$180/year** ***Includes ONE free Chapter meeting (valued at $60)*** ***OR*** ***$60 off Annual Conference Registration (Sept. 21-22, 2016)***

☐ **Agent** ☐ **Corporate Rep** ☐ **Staff** ***(please check one)***

Please Mark the Box or Boxes for the Areas of Your Practice:

— **Long Term Care**	— **Large Group**	— **Medicare Plans**
— **Individual**	— **Small Group**	— **Wellness**
— **TPA**	— **Self Insured**	— **Worksite Mktg**
— **Disability**	— **Managed Care**	— **Dental**

Form of Payment Enclosed:

[ ] Check (payable to WAHU) Credit/Debit Card: [ ] Visa
[ ] MasterCard (***Sorry, No AMEX or Discover***)

Card #:	Expiration Date:	Security Code:

Name of Card Holder:(Please print)

Billing address zip code:

I (we) hereby authorize WAHU to initiate debit entries to my (our) account as indicated.

SIGNATURE DATE

Expert health care advisors who help you navigate health care options.
****Educate *Advise *Innovate *Protect *Communicate***

WAHU ▪ 44 East Mifflin Street, Suite 605A, Madison, WI 53703
Phone: (608) 250-4685 ▪ Fax: (608)255-4612 ▪ Email: wahu@ewahu.org