



2022 MEMBERSHIP APPLICATION

ORANGE COUNTY CHAPTER

SECTION A: APPLICANT INFORMATION

PERSONAL INFORMATION: Please Print or Type

Membership Type: Regular Associate Transfer Only

First, Middle Initial, Last Name

Designations

Company Name

BUSINESS INFORMATION:

Please send all mail to my Home Address Business Address

Street Address 1

Business Phone

Street Address 2

Business Fax

City, State, Zip

Toll-Free Number

Business Email Address: Primary? Yes No

Web Address

HOME INFORMATION:

Street Address 1

Home Phone

Street Address 2

Home Fax

City, State, Zip

Home Email Address
Primary? Yes No

OTHER:

I work for: Myself as an Independent Insurance Agent General Agency
 Third Party Administrator Worksite Management Company
 Another Insurance Agent Health Insurance Carrier

My Primary Occupation is: Sales Management Customer Service
 Other _____

Please send all email to my: Home Business

Referred by: _____

Name: please print

Chapter

SECTION B:

APPLICANT PROFILE

1. Which of the following best describes your area of practice?

- Individual health insurance plans
- Investments and annuities
- Large group health insurance
- Life & disability insurance
- Long term care insurance
- Property & casualty insurance
- Small group health insurance
- Senior (Medicare Supplement / Advantage)

Years in Business _____

What do you hope to gain from your membership with NAHU?

- Professional Development
- Legislative Involvement
- Networking
- Positive Image
- Other

4. What level of involvement would you like to have with NAHU?

- Serve on the Board of Directors at the chapter level
- Serve on a committee
- Become a CE provider
- Sponsor chapter events
- Support my chapter by attending meetings and events
- Receive industry communication with no active involvement

5. If you were to volunteer to serve on a committee, which would you say most suits you?

- Education
- Programs
- Membership
- Legislative
- Communications
- Public Affairs
- YAHU
- Special Events

3 WAYS TO JOIN!

ONLINE at www.nahu.org FAX Application with Credit Card Info to (858) 408-2671 Or
 MAIL with payment to: WPK 1442 E. Lincoln Avenue, PMB 441 Orange CA 92865

