



2023 ASSOCIATE MEMBERSHIP APPLICATION

ORANGE COUNTY CHAPTER

SECTION A: APPLICANT INFORMATION

PERSONAL INFORMATION: Please Print or Type

Membership Type: Associate

First, Middle Initial, Last Name

Designations

Company

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

- 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 CAHIP-OC?
 - Professional Development
 - Legislative Involvement
 - Networking
 - Positive Image
 - Other
- What level of involvement would you like to have with CAHIP-OC?
 - 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
- 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!

FAX Application with Credit Card Info to (858) 408 2671 Or MAIL with payment to:
 CAHIP-OC, 1442 E. Lincoln Avenue, PMB 441 ■ Orange CA 92865

SECTION C: PAYMENT INFORMATION

MEMBERSHIP FEES:

ASSOCIATE MEMBER: \$50

Primary AHU: _____

Membership dues are not tax deductible as charitable contributions.

METHOD OF PAYMENT:

CHECK AMEX MASTERCARD VISA

Card Number

Expiration Date

Name on Card

Security Code

X _____

Date

CAHIP-OC Mission Statement: To promote and encourage the association of professionals in the health insurance field for the purpose of education, promoting effective legislation, sharing information and advocating fair business practices among our members, the industry and the general public.

Our Objectives:

- To maintain the highest standards for state and service of Health and Disability Insurance
- To advocate public knowledge for the need and benefits of Health and Disability Insurance
- To provide and promote a program of continuing education and self-improvement for its members
- To be active as an association in public affairs, and to encourage members to support and contribute to community activities
- To advocate fair business practices as they relate to the health industry, our members, and the general public
- To promote the code of ethics of the National Association of Health Underwriters
- To promote a positive relationship with local, state and national legislators, and health insurance-related concerns
- To provide our membership and the consumer with accurate, up-to-date information on health insurance-related topics
- CAHIP-OC upholds the values of our national association