



**North Coast Association of Health Underwriters
ASSOCIATE MEMBERSHIP APPLICATION**

Associate Member Dues are just \$75 per year!

Date: _____

Name: _____

Title: _____

Professional Designation: _____ **Insurance License #:** _____

Company/Agency: _____

Address: _____

City/State/Zip: _____

Telephone: (____) _____ - _____ **FAX:** (____) _____ - _____

E-Mail Address: _____

Home Address: _____ **Home Phone:** (____) _____ - _____

City/State/Zip: _____

Sponsor's Name: _____

Signature: _____

Please make your check payable and mail to:

NCAHU

P.O. Box 1071

Fresno, CA 93714

Phone: (800) 910-6622

FAX: (559) 227-1463