



# Membership Application

## Kansas State Association of Health Underwriters



Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Company: \_\_\_\_\_

Home Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Work E-mail: \_\_\_\_\_ Home E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Referred By: \_\_\_\_\_

### Membership Dues:

Individual Member - **\$50.00** \_\_\_\_\_ Agency Member - **\$150.00** \_\_\_\_\_

**Please make checks payable to KAHU**

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Authorized Signature Date

\*By becoming a member of KAHU, you give permission for the KAHU office to fax or E-mail pertinent educational and legislative membership information to KAHU and the affiliated chapters. I understand that I have the option to be removed from E-mails and faxes as I receive them and will notify the KAHU office if I choose this option.

### Please indicate your area(s) of practice:

Individual \_\_\_\_\_ Small Group \_\_\_\_\_ Large Group \_\_\_\_\_ Carrier Rep \_\_\_\_\_ TPA \_\_\_\_\_ Life \_\_\_\_\_

Dental \_\_\_\_\_ Managed Care \_\_\_\_\_ Fully Insured \_\_\_\_\_ Self-Funded \_\_\_\_\_ Disability \_\_\_\_\_

Long Term care \_\_\_\_\_ Medicare Supp \_\_\_\_\_ Worksite Mktg. \_\_\_\_\_ Retirement \_\_\_\_\_

\_\_\_\_\_ **Yes, I would be interested in someone contacting me about getting involved with my local chapter!**

The Kansas Association of Health Underwriters (KAHU)

2525 NW Topeka Blvd., Topeka, KS 66617, 785-291-0200 Direct, 785-291-0202 Fax

**Email: [sday@dayins.net](mailto:sday@dayins.net)**