



## AFFILIATE MEMBERSHIP APPLICATION

Available for Administrative or Support Staff

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Job Description: \_\_\_\_\_

Company Member Sponsor\*: \_\_\_\_\_

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

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

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**\*Company Member Sponsor – Affiliate members must be sponsored by someone who is a current OCAHU member.**

### Affiliate Membership Dues \$50

Send to:  
Orange County Association of Health Underwriters  
1442 E. Lincoln Ave. PMB 441 • Orange, CA 92865-1934  
(866) 921-6440 • Fax (858) 408-2671

#### Form of Payment Enclosed:

Check (made payable to OCAHU)

American Express

Discover

MasterCard

Visa

Card Number: \_\_\_\_\_ Exp: \_\_\_\_ / \_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

*\*Dues to OCAHU are not deductible as a charitable contribution but may be deductible as an ordinary and necessary business expense\**