



# Join Us

*In protecting the role of the  
health and employee benefit advisor  
through advocacy and education*



# Join AHIA and NAIFA today!

Name \_\_\_\_\_ Company \_\_\_\_\_

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I am a current NAIFA member! **(Annual Dues \$115)**       I am not a current NAIFA member! **(Annual Dues \$525)**

## PAYMENT OPTIONS

I have enclosed a check

Please include my AHIA dues on my NAIFA bankdraft *(for current NAIFA members only)*      Signature \_\_\_\_\_

Please charge my credit card for (check one)     \$525     \$115      Type of Card:     Visa     Mastercard     AMEX

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_ Name on Card \_\_\_\_\_

**AHIA Dues • PO Box 758912 • Baltimore, MD 21275-8912**

**Fax: 703/770-8201 OR Join Online at [www.ahia.net](http://www.ahia.net)**

**We welcome your questions and comments at 703/770-8200 or [ahia@naifa.org](mailto:ahia@naifa.org)**

