

2023 ASSOCIATE MEMBERSHIP APPLICATION

ORANGE COUNTY CHAPTER

			SECTION B:	
SECTION A:	APPLICANT INFO	ORMATION		APPLICANT PROFILE
PERSONAL INFORMATION: Please Print or Type				1. Which of the following best
Membership Type: ☐ Associate				describes your area of practice? ☐ Individual health insurance plans ☐ Investments and annuities
First, Middle Initial, Last Name				☐ Large group health insurance☐ Life & disability insurance
Designations Company				☐ Long term care insurance☐ Property & casualty insurance
Business Information:				☐ Small group health insurance
Please send all mail to my Home Address Business Address				☐ Senior (Medicare Supplement / Advantage)
Street Address 1			Business Phone	2. Years in Business
				3. What do you hope to gain from you
Street Address 2			Business Fax	membership with CAHIP-OC? Professional Development Legislative Involvement Networking Positive Image
City, State, Zip			Toll-Free Number	
Business Email Address: Primary? ☐ Yes ☐ No Web Address				☐ Other
OTHER:				 4. 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
I work for:	☐ Myself as an Independent Insurance Agent ☐ General Agency ☐ Third Party Administrator ☐ Worksite Management Company ☐ Another Insurance Agent ☐ Health Insurance Carrier			 □ Become a CE provider □ Sponsor chapter events □ Support my chapter by attending meetings and events
☐ Other		Other	nent	☐ Receive industry communication with no active involvement
		Business		5. If you were to volunteer to serve
SECTION C: PAYMENT INFORMATION				on a committee, which would you say most suits you?
MEMBERSHIP FEES: \$50 Primary AHU/AHIP Chapter:				☐ Education
Method of Payment:				☐ Programs ☐ Membership
Check				☐ Legislative
Credit Card: An invoice link will be emailed to you for online payment processing.				☐ Communications ☐ Public Affairs ☐ YAHU
Membership dues are not tax deductible as charitable contributions				☐ Special Events