

**ASSOCIATION OF LIFE AND HEALTH ADMINISTRATORS
MEMBERSHIP APPLICATION**

(Please print or type)

MARY PREISTER, NATIONAL TREASURER / RECORDS DIRECTOR
BENCHMARK; 3625 CUMBERLAND BLVD. # 700; ATLANTA, GA 30339, 770-952-1529

Affiliation: Atlanta ___ Dallas ___ Houston ___ OKC ___ Orange County ___
Phoenix ___ San Antonio ___ Member at Large ___

Membership Class: Active ___ Member at Large ___ Associate ___ Lifetime ___ Honorary ___

Renewal _____ or New _____ (if new, Effective Date of Membership: _____)

MEMBERSHIP YEAR COMMENCES OCTOBER 1.

Total Number of Years as an ALHA Member: _____

MEMBER NAME _____ BIRTHDAY _____
(INCLUDE DESIGNATIONS) (MONTH/DAY)

EMPLOYER'S NAME _____
Yes, Please provide correspondence to my employer relative to my membership in ALHA (x if yes)

BUS. PHONE: _____ FAX#: _____

E-MAIL ADDRESS: _____

BUSINESS ADDRESS: _____
STREET OR PO BOX CITY STATE ZIP

JOB POSITION: _____

Check where you want to receive mail: Business ___ Home ___

HOME ADDRESS: _____
STREET OR PO BOX CITY STATE ZIP

HOME PHONE: _____ CELL PHONE: _____

HOME E-MAIL ADDRESS: _____

DO YOU HOLD A LIFE OR HEALTH LICENSE OR FINANCIAL SERVICES LICENSE?

YES ___ NO ___ PLEASE IDENTIFY LICENSE HELD: _____

INSURANCE COURSES PASSED: LOMA ___ CLU ___ OTHER ___

REFERRED TO ALHA BY WHOM: _____

HAVE YOU BEEN AN ACTIVE MEMBER OF ANOTHER CHAPTER? _____

IF SO, WHERE? _____

IF THIS IS A RENEWAL APPLICATION, HAS THERE BEEN A CHANGE SINCE YOUR LAST APPLICATION:

BUSINESS ADDRESS YES ___ NO ___ HOME ADDRESS YES ___ NO ___

JOB POSITION YES ___ NO ___ DESIGNATION RECEIVED _____

PLEASE COMPLETE REVERSE SIDE OF APPLICATION

NETWORKING DATA:

Professional Data	
Job Position:	Job Duties:
Check as many below as best describes your business/field/specialty: <input type="checkbox"/> Underwriting (what type _____) <input type="checkbox"/> Estate Planning <input type="checkbox"/> COBRA <input type="checkbox"/> HIPAA <input type="checkbox"/> Pensions <input type="checkbox"/> Compliance <input type="checkbox"/> Financial / Investment <input type="checkbox"/> Medicare Supplement <input type="checkbox"/> Marketing	
<input type="checkbox"/> Marketing <input type="checkbox"/> Life Products <input type="checkbox"/> Health Products <input type="checkbox"/> Long Term Care <input type="checkbox"/> FLMA <input type="checkbox"/> Paramedical Services <input type="checkbox"/> Group Products (Specify _____) <input type="checkbox"/> Other (Specify _____)	
What skills do you possess: (i.e. programs that you use, systems used)?	
What knowledge base would you be a likely resource?	
How long have you been in the insurance / financial services industry?	
In what other groups, clubs, associations are you a member?	
What are your hobbies / pastimes?	

SIGNATURE OF APPLICANT: _____ **DATE:** _____

PLEASE MAKE YOUR CHECK PAYABLE TO ALHA IN THE AMOUNT OF \$ _____
(\$ _____ Local Dues + \$ _____ National Dues)

RETURN COMPLETED APPLICATION AND DUES TO YOUR LOCAL CHAPTER MEMBERSHIP DIRECTOR:

The information contained in this application is for the sole use of ALHA and its membership.