

# ASSOCIATION OF LIFE AND HEALTH ADMINISTRATORS

## MEMBERSHIP APPLICATION

(Please print or type)

KRISTIN DAIGLE, NATIONAL TREASURER / RECORDS DIRECTOR  
BUCK CONSULTANTS - 30 MORSE STREET, FREEPORT, ME 04032 - (207) 865-6710

### Chapter Affiliation:

Atlanta   
Houston   
Oklahoma City   
Orange County   
Phoenix

### Membership Class:

Active   
Member at Large   
Associate   
Lifetime   
Honorary

### Application Type:

Renewal (Member since \_\_\_\_\_)  
 New (Effective Date: \_\_\_\_\_)

### MEMBERSHIP YEAR COMMENCES OCTOBER 1ST

Check where you want to receive mail: Business  Home

MEMBER NAME \_\_\_\_\_  
(INCLUDE DESIGNATIONS)

BIRTHDAY \_\_\_\_\_  
(MONTH/DAY)

### FOR RENEWAL APPLICATIONS, HAS THERE BEEN A CHANGE SINCE YOUR LAST APPLICATION?

(For any boxes checked Yes, please complete the section below with updated information)

BUSINESS ADDRESS YES  NO  HOME ADDRESS YES  NO   
JOB POSITION YES  NO  DESIGNATION RECEIVED \_\_\_\_\_

EMPLOYER'S NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_  
STREET OR PO BOX CITY STATE ZIP

BUSINESS E-MAIL ADDRESS: \_\_\_\_\_

BUS. PHONE NUMBER \_\_\_\_\_ BUS. FAX NUMBER: \_\_\_\_\_

JOB POSITION: \_\_\_\_\_

Yes, Please provide correspondence to my employer relative to my membership in ALHA (x if yes)

HOME ADDRESS: \_\_\_\_\_  
STREET OR PO BOX CITY STATE ZIP

HOME PHONE NUMBER: \_\_\_\_\_ CELL PHONE NUMBER: \_\_\_\_\_

HOME E-MAIL ADDRESS: \_\_\_\_\_

### DO YOU HOLD A LIFE/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? \_\_\_\_\_

PLEASE COMPLETE REVERSE SIDE OF APPLICATION

**NETWORKING DATA:**

<b>Professional Data</b>	
Job Position:	Job Duties:
Check as many below as best describes your business/field/specialty:	
<input type="checkbox"/> Underwriting (what type _____)	<input type="checkbox"/> Marketing
<input type="checkbox"/> Estate Planning	<input type="checkbox"/> Life Products
<input type="checkbox"/> COBRA	<input type="checkbox"/> Health Products
<input type="checkbox"/> HIPAA	<input type="checkbox"/> Long Term Care
<input type="checkbox"/> Pensions	<input type="checkbox"/> FLMA
<input type="checkbox"/> Compliance	<input type="checkbox"/> Paramedical Services
<input type="checkbox"/> Financial / Investment	<input type="checkbox"/> Group Products (Specify _____)
<input type="checkbox"/> Medicare Supplement	<input type="checkbox"/> Other (Specify _____)
<input type="checkbox"/> Marketing	_____
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 / or past times?	

**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.**