



# CAHIP-Desert Cities MEMBERSHIP APPLICATION



Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Designations \_\_\_\_\_  
 Company \_\_\_\_\_ Title \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

*In order to better serve our members legislatively, we are now requesting full home address information.*

*With all the re-districting that has been happening, getting full home addresses will better enable us to tell which legislative district each of our members are located in. This information will be kept private and solely used for legislative purposes.*

License Number \_\_\_\_\_ Referral/Sponsor \_\_\_\_\_

### MONTHLY AUTOCHECK

*NABIP offers a pre-authorized payment system for membership dues. By completing this form and attaching a voided check, you can pay your membership dues on a monthly installment basis. Autocheck eliminates the danger of losing the benefits of membership because of a misplaced invoice, and frees up your cash flow for other expenses.*

I hereby authorize NABIP to initiate debit entries to my (our) account named below, herein after called bank.

This authority is to remain in full force and effect until BANK has received written notification from me (or either of us) of its termination in such time and in such manner as to afford BANK a reasonable opportunity to act on it. A customer has the right to stop payment on a debit entry by notification to BANK at least 3 days prior to the date scheduled for charging account. A customer also has the right to question BANK about any debit entry by notifying BANK not less than 60 days after BANK sends a statement to customer containing the entry. BANK will handle all such questions in accordance with its procedures and the requirements for resolving errors found in Regulation E issued by the Federal Reserve Board.

Name(s): \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Signed: \_\_\_\_\_

#### **Customer Bank Information:** (please attach a voided check)

Bank Name: \_\_\_\_\_  
 Account #: \_\_\_\_\_  
 Routing #: \_\_\_\_\_  
 Account Name: \_\_\_\_\_

OR- Click this Link to Apply Online on NAHU website- Pay with Your Credit Card  
<http://nabip.org/membership/join-now>

[Or SCAN Here →](#)



### MEMBERSHIP DUES

NABIP portion of dues:	\$362.00
CAHIP dues:	\$230.00
Desert Cities dues:	\$ 25.00
<b>TOTAL DUES:</b>	<b>\$617.00</b>

*\*Only \$51.42 a Month!*

#### PAYMENT OPTIONS

Annual check made payable to NABIP

Annual Credit Card

OR

Monthly Credit Card

#### Credit Card Authorization

VISA     MasterCard     Am Ex     Discover

Card # \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ V Code \_\_\_\_\_  
 Name (on card) \_\_\_\_\_  
 Signature \_\_\_\_\_

Billing Address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

#### Mail or Fax Application to:

**CAHIP-Desert Cities**

72877 Dinah Shore Dr, Ste 103 – PMB304  
 Rancho Mirage, CA 92270  
 Phone/Fax #: 760-610-7400