GAHU Membership Application

Last Name | **First Name** | **Designation(s)**

Company | **Title** | **Referral/Sponsor**

Address | **City** | **State** | **Zip**

Work Telephone | **Fax** | **Work E-Mail Address**

Home Address (for legislative purposes) | **City** | **State** | **Zip**

Home Telephone | **Alt Phone** | **Home E-Mail Address**

Select your local chapter:

☐ ATLANTA	$410.00	$34.17/mo
☐ SOUTH ATLANTA	410.00	34.17/mo
☐ CSRA (Augusta)	395.00	32.92/mo
☐ COASTAL EMPIRE (Savannah)	385.00	32.08/mo
☐ MIDDLE GEORGIA (Macon)	390.00	32.50/mo
☐ NORTHEAST GEORGIA	400.00	33.33/mo
☐ NORTHWEST GEORGIA	390.00	32.50/mo
☐ SOUTH GEORGIA (Albany)	385.00	32.08/mo

Form of Payment Enclosed:

☐ Monthly Draft (please select one)
- ☐ Checking Account ☐ Credit Card

☐ Annual Payment (please select one)
- ☐ Check (payable to NAHU)
- ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover

Bankdraft / Credit Card Authorization Form:

I (we) hereby authorize NAHU to initiate debit entries to my (our) account as indicated.
Note: Monthly debits will equal one-twelfth of any current applicable national, state or local dues.
(Please include a voided check from the account to be drafted, or write credit card number below)

Name (as it appears on the check or credit card) | Signature

Account Number | Expiration Date

Once completed, send to: GAHU
3227 South Cherokee Lane – Suite 1320 – Woodstock, GA 30188
Fax: 770-516-0236 or Phone: 770-516-4746
admin@gahu.org