



Membership Application

FOR COMPANY USE ONLY:
 Date Received: ___/___/___
 Effective Date: ___/___/___

PERSONAL INFO

Rep Name: _____ Rep Phone: _____

First Name Last Name Social Security Number Date of Birth
 Address (Billing Address if paying by credit card) Daytime Phone Number Age Sex
 City State Zip Code Email Address

FAMILY MEMBERS

FAMILY MEMBER NAME	Date of Birth	Age	Sex	Soc. Sec. #
Spouse				
Child 1				
Child 2				
Child 3				
Child 4				

PLAN CHOICES

GAP Plan No Setup fee Monthly Dues: Family \$ 40.00

PAYMENT METHOD

I hereby authorize United Business Association to bill monthly dues to my credit / debit card or bank account, as designated below.

Credit Card Credit Card Number Exp. Date
 MasterCard Visa

Monthly Bank Draft Authorized Signature Required Here Date

AUTOMATIC PAYMENT AUTHORIZATION FORM

To honor checks or electronic funds transfer (ACH) drawn by United Business Association

Account Holder Name _____
 Bank Name _____
 Routing / Transit Number _____
 Account Number _____

I authorize United Business Association to draw monthly membership dues from the account above until this authorization is revoked by me.

Date: _____ X _____ \$ _____
 (SIGNATURE OF BANK DEPOSITOR)- AS SHOWN ON RECORDS FOR THE ACCOUNT TO WHICH THIS AUTHORIZATION APPLIES (AMOUNT)

Notice: This is NOT an individual major medical health insurance plan. The membership benefits included with this plan are intended to supplement and coordinate with a high deductible major medical health insurance plan. Draft for monthly dues will show HA Partners, Inc. on your billing statements.