



Group Membership Application

*Payment receipts and membership cards will be emailed to the applicant.

Agency Name: _____

Name, Email, and Phone for Person Responsible for Payment: _____

Name	Email*	Active	Active 1/2yr	Life	Student	Associate

Total \$ _____

Voting Privileges

- Active (actively engaged in EH) \$20
- Active Partial Year (July 1-December 31 - **new members only**) \$10
- Life (Active member that chooses to pay in one lump sum) \$200

Non-Voting

- Student \$10
- Associate (cannot meet active requirements) \$20

Mail application & dues to:
 UEHA
 PO Box 572104
 Salt Lake City, UT 84157

Payment can also be made by credit card (5% convenience fee applies) – email application to treasurer.ueha@gmail.com and we will contact you for payment