



Membership Application

Print Clearly

Name: _____

Address: _____

Email: _____

Employer: _____

*Most correspondence is done via email. Please list the email address would you like your membership card and payment receipt sent to.

Membership runs from January 1st to December 31st of the current year.

Fees

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
_____ Retired (active member for at least five (5) years, 20 yrs. of service, or retired because of age or disability)	\$0

Non-Voting

_____ Student	\$10
_____ Associate (cannot meet active requirements)	\$20
_____ Sustaining (must be approved by the Board of Trustees)	\$400

_____ **I want to pay by credit card. Please call me at the number listed above.**

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