



Membership Application

Print Clearly

Name: _____

Address: _____

Email: _____

Employer: _____

Address: _____

Most correspondence is done via email but if we need to send you info would you like it sent to your home or work?

Dues run from January 1 to December 31.

Fees

Voting Privileges

___ Active (actively engaged in EH)	\$10
___ Active Partial Year (July 1-December 31-new members)	\$5
___ Life (past presidents of NEHA \$0 & paid one time fee)	\$100

Non-Voting

___ Student	\$5
___ Associate (cannot not meet active requirements)	\$10
___ Honorary (determined by the Board of Trustees)	
___ Retired (active member for at least 5 years, 20 yrs of service, retired because of age or disability)	\$0
___ Sustaining (must approved by the Board of Trustees)	\$300
___ Agency (non-profit or government agency conferred by the Board of Trustees)	\$0

Mail application & dues to:

UEHA

PO Box 572104

Salt Lake City UT 84157