



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) | \$20 |
| ___ Active Partial Year (July 1-December 31-new members only) | \$10 |
| ___ Life (past presidents of NEHA \$0 & paid onetime fee) | \$200 |

Non-Voting

- | | |
|---|-------|
| ___ Student | \$10 |
| ___ Associate (cannot meet active requirements) | \$20 |
| ___ 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) | \$400 |
| ___ 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