



Membership Application

Print Clearly

Name: _____

Address: _____

Email: _____

Employer: _____

*Most correspondence is done via email. Please list the email address you would 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

Mail application & dues to:

UEHA

PO Box 572104

Salt Lake City, UT 84157