



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

<input type="checkbox"/> Active (actively engaged in EH)	\$20
<input type="checkbox"/> Active Partial Year (July 1-December 31 - new members only)	\$10
<input type="checkbox"/> Life (Active member that chooses to pay in one lump sum)	\$200
<input type="checkbox"/> Retired (active member for at least five (5) years, 20 yrs. of service, or retired because of age or disability)	\$0

Non-Voting

<input type="checkbox"/> Student	\$10
<input type="checkbox"/> Associate (cannot meet active requirements)	\$20
<input type="checkbox"/> 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 6777

North Logan, UT 84341

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