



2019 Membership Application

Please PRINT your name and address as you wish it to appear on UQHRA records.

Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____

Email Address (please print clearly) _____

If membership is paid with nomination: \$30
Annual Membership Dues: \$50

Total Amount Enclosed: _____

Date: _____

NOTE: *Your UQHRA membership dues must be paid in full in order for you to begin accumulating UQHRA points!*

Please Mail completed application and check made payable to UQHRA to:

UQHRA
PO BOX 13237
OGDEN, UT 84412