



2010 MEMBERSHIP APPLICATION – Associate Member
“Promoting the art and science of hospice and palliative care”

Demonstrate your support for Hospice!
Become an Associate Member of the Utah Hospice & Palliative Care Organization all year long!
Return completed Membership Application with appropriate dues to:
UHP CO ~ 1327 South 900 East ~ Salt Lake City, UT 84105

Company Name _____
Address _____ [] Business Card Enclosed!
City _____ State _____ Zip _____ Fax (_____) _____
Phone (_____) _____ Toll Free _____
Application completed by _____ Title _____
Business Description _____

Counties Served: (for listing on web site)

- [] Beaver [] Iron [] Sevier
[] Box Elder [] Juab [] Summit
[] Cache [] Kane [] Tooele
[] Carbon [] Millard [] Uintah
[] Daggett [] Morgan [] Utah
[] Davis [] Piute [] Wasatch
[] Duchesne [] Rich [] Washington
[] Emery [] Salt Lake [] Wayne
[] Garfield [] San Juan [] Weber
[] Grand [] Sanpete [] All Counties
[] Outside Utah

Written Communication

* E-mail is the preferred method of communication

Name _____
Position _____
E-Mail _____
Name _____
Position _____
E-Mail _____

Voting Representative

Note: Alternate voting representative effective only in absence of voting representative).

Name _____
E-Mail _____
Alternate Name _____
E-Mail _____

Standing Committee

Please indicate below the committee on which a member of your agency has an interest and will serve. Responsibilities are found in the UHP CO Bylaws.

- [] Education [] Ethics [] Governmental Affairs
[] Membership/Nominating/Awards
[] Public Relations

Name: _____
E-Mail: (if not identified previously) _____

Fee Schedule

- [] Associate Member.....\$ 225.00

Payment Information

- [] Check enclosed - Make check payable to: UHP CO
[] Check in Mail
[] Credit Card – 3% processing fee will be added
[] American Express
[] Discover Card
[] MasterCard
[] Visa Exp. Date _____/_____/_____

Card No. _____
Name on Card _____
Signature _____

TOTAL DUE \$ _____