



2010 MEMBERSHIP APPLICATION - INDIVIDUAL

"Promoting the art and science of hospice and palliative care"

Membership in the Utah Hospice & Palliative Care Organization is available to any individual or organization interested in end of life care. **(Hospice Agencies must use the Membership Application for Providers. Individuals not designated by the agency may join as "Individuals.")**

Please return your completed Membership Application to:

UHPCO • 1327 South 900 East, Salt Lake City, UT 84105

Name _____

Credentials you currently use following your name _____

PREFERRED MAILING ADDRESS: Home Business

Home Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

E-mail _____

Business Agency _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

E-mail _____

COMMITTEES - We encourage your participation on one of the following UHPCO Standing Committees although this is not a membership requirement.

- Education
- Ethics
- Governmental Affairs
- Public Relations
- Membership / Nominating & Awards

Please let us know how UHPCO can serve you better this year (education topics or general info.):

PAYMENT INFORMATION

Check Enclosed - *Please make check payable to: UHPCO*

Check in the mail

Credit Card - *3% processing fee will be added*

American Express

Discover Card

MasterCard

Visa

Exp. Date: _____/_____/_____

Card No. _____

Name on Card _____

Signature _____ Zipcode _____

TOTAL AMOUNT DUE \$ 40.00