

MEMBERSHIP APPLICATION — Active Member Year January to December each year

Please mark the desired type of membership requested: Regular Membership, \$25 Student Membership, \$15
 Institutional Membership, \$75 Lifetime Membership, \$500

I would like to receive the newsletter electronically: Yes No

Name:

Date:

Title/Position:

Address:

Organization:

City:

State:

Zip:

Home Phone: ()

Work Phone: ()

E-mail:

Complete this form, enclose a check, and mail to: UAACCE, 250 East 500 South, P.O. Box 144200, Salt Lake City, UT 84114-4200