



2017 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:
UHP CO • 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 UHP CO Standing Committees although this is not a membership requirement.

- [] Education [] Public Relations [] Governmental Affairs
[] Ethics [] Membership / Nominating & Awards [] Volunteer Manger Committee
[] Bereavement Committee

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

PAYMENT INFORMATION

[] Check Enclosed - Please make check payable to: UHP CO

[] Check in the Mail

[] Credit Card

[] American Express

[] Discover Card

[] MasterCard

[] Visa

Card No. _____

CVV#: _____ Exp. Date: ____ / ____ / ____ Zip Code _____

Name on Card _____

Authorized Signature _____

TOTAL AMOUNT DUE \$ 50.00