



# 2018 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 • 315 W 700 N #3 SLC UT 84103**

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

**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

American Express

Discover Card

MasterCard

Visa

Card No. \_\_\_\_\_

CVV#: \_\_\_\_\_ Exp. Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Zip Code \_\_\_\_\_

Name on Card \_\_\_\_\_

Authorized Signature \_\_\_\_\_

**TOTAL AMOUNT DUE \$ 50.00**