



2018 UHPCO MEMBERSHIP APPLICATION - PROVIDER
"Promoting the art and science of hospice and palliative care"

Return completed Membership Application(s) with appropriate dues to:
UHPCO ~ 315 W 700 N #3 Salt Lake City UT 84103

Provider Name _____ No. Utah Branches _____
 Address _____ Suite _____
 City _____ State _____ Zip _____
 Fax (_____) _____ Phone (_____) _____
 Website _____ Toll Free _____

Application completed by _____ Title _____

Counties Served by Licensed Office 1:

- | North | Central | East | South |
|------------------------------------|------------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Box Elder | <input type="checkbox"/> Carbon | <input type="checkbox"/> Daggett | <input type="checkbox"/> Beaver |
| <input type="checkbox"/> Cache | <input type="checkbox"/> Emery | <input type="checkbox"/> Duchesne | <input type="checkbox"/> Garfield |
| <input type="checkbox"/> Davis | <input type="checkbox"/> Juab | <input type="checkbox"/> Grand | <input type="checkbox"/> Iron |
| <input type="checkbox"/> Morgan | <input type="checkbox"/> Millard | <input type="checkbox"/> San Juan | <input type="checkbox"/> Kane |
| <input type="checkbox"/> Rich | <input type="checkbox"/> Salt Lake | <input type="checkbox"/> Uintah | <input type="checkbox"/> Piute |
| <input type="checkbox"/> Summit | <input type="checkbox"/> Sanpete | | <input type="checkbox"/> Wayne |
| <input type="checkbox"/> Weber | <input type="checkbox"/> Sevier | | <input type="checkbox"/> Washington |
| | <input type="checkbox"/> Tooele | | |
| | <input type="checkbox"/> Utah | | |

Administrator / Voting Representative

Name _____
 E-Mail _____
 Cell _____

Clinical / Alternate Voting Representative

Name _____
 E-Mail _____
 Cell _____

Other Contact to receive information

Name _____
 E-Mail _____

Person responsible to handle on-line training passwords:

Standing Committees

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

Name _____
 E-Mail _____

Fee Schedule

- One Office Location..... \$ 250.00
 Two Office Locations..... \$ 350.00
 Three or more Locations..... \$ 500.00

Counties Served by Licensed Office 2:

- | North | Central | East | South |
|------------------------------------|------------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Box Elder | <input type="checkbox"/> Carbon | <input type="checkbox"/> Daggett | <input type="checkbox"/> Beaver |
| <input type="checkbox"/> Cache | <input type="checkbox"/> Emery | <input type="checkbox"/> Duchesne | <input type="checkbox"/> Garfield |
| <input type="checkbox"/> Davis | <input type="checkbox"/> Juab | <input type="checkbox"/> Grand | <input type="checkbox"/> Iron |
| <input type="checkbox"/> Morgan | <input type="checkbox"/> Millard | <input type="checkbox"/> San Juan | <input type="checkbox"/> Kane |
| <input type="checkbox"/> Rich | <input type="checkbox"/> Salt Lake | <input type="checkbox"/> Uintah | <input type="checkbox"/> Piute |
| <input type="checkbox"/> Summit | <input type="checkbox"/> Sanpete | | <input type="checkbox"/> Wayne |
| <input type="checkbox"/> Weber | <input type="checkbox"/> Sevier | | <input type="checkbox"/> Washington |
| | <input type="checkbox"/> Tooele | | |
| | <input type="checkbox"/> Utah | | |

Address _____
 City _____
 State _____ Zip _____
 Phone (_____) _____ Fax (_____) _____

Administrator / Voting Representative

Name _____
 E-Mail _____

Alternate VR _____
 E-Mail _____

Other Contact _____
 E-Mail _____

Payment Information

- Check enclosed - *Make check payable to: UHPCO*
 Check in Mail
 Credit Card
 American Express Discover Card
 MasterCard Visa

Card No. _____
 CVV _____ Exp. Date _____ / _____ Zip _____
 Name on Card _____
 Signature _____

TOTAL DUE \$ _____