

# UATE

## Membership Form

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Profession

**Membership Fee:**

\$20 Regular UATE Membership

**Make checks payable to UATE and mail membership form and fee to:**

Erica Horsley  
USOE  
250 E 500 S  
PO Box 144200  
Salt Lake City UT, 84114-4200