



2017 Membership Application

Please PRINT your name and address as you wish it to appear on UQHA records.

Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ - _____

Email address (please print clearly) _____

Annual Membership Dues: \$40

Total Amount Enclosed: _____

Date: _____

NOTE: *Your UQHA membership dues must be paid in full in order for you to begin accumulating UQHA POINTS!*

Please mail completed application and check made payable to UQHA to:

UQHA
c/o Barbara Kane
1394 W. Misty Fen Way
So. Jordan, UT 84088