

# UCAR Affiliate Membership Application

Please bring this application and payment to 1031 West Center St. Orem, UT 84057  
Phone 801-226-3777 FAX 801-226-8460 www.ucaor.com

Company Name \_\_\_\_\_ Type of Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Webpage \_\_\_\_\_

## Company Representatives (3 per company)

1. Name \_\_\_\_\_ Email \_\_\_\_\_

2. Name \_\_\_\_\_ Email \_\_\_\_\_

3. Name \_\_\_\_\_ Email \_\_\_\_\_

## Additional Company Representatives (\$30 each additional representative)

4. Name \_\_\_\_\_ Email \_\_\_\_\_

5. Name \_\_\_\_\_ Email \_\_\_\_\_

6. Name \_\_\_\_\_ Email \_\_\_\_\_

## Please Circle the Committees You Would Like to Participate On

- Government Affairs/RPAC
- Awards
- Social Committee
- Technology Committee
- UARHOF/Community Involvement

**Applicant**

**Signature**

**Date**

For Office Use only:

Received by \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Fees Paid \$ \_\_\_\_\_

Rap \_\_\_\_ Member # \_\_\_\_\_ NRDS # \_\_\_\_\_ Web \_\_\_\_\_