



UTAH ASSOCIATION OF SPECIAL DISTRICTS

## ASSOCIATE MEMBER INFORMATION SHEET and Annual Dues Invoice

*Thank you for supporting the UASD with your Associate Membership. We appreciate your support!*

**Company or Individual Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Mailing Address:** (If different from street address) \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Main Contact:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**email:** \_\_\_\_\_ **Website:** \_\_\_\_\_

**Professional Services Provided: (Please mark all that apply):**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Accounting Services      | <input type="checkbox"/> Engineering             | <input type="checkbox"/> Management       |
| <input type="checkbox"/> Administration           | <input type="checkbox"/> Financial Services      | <input type="checkbox"/> Office Supplies  |
| <input type="checkbox"/> Banking Services         | <input type="checkbox"/> Human Resources         | <input type="checkbox"/> Recruitment      |
| <input type="checkbox"/> Benefits/Retirement      | <input type="checkbox"/> Insurance               | <input type="checkbox"/> Training         |
| <input type="checkbox"/> Computer Hardware        | <input type="checkbox"/> Internet/Communications | <input type="checkbox"/> Utility Location |
| <input type="checkbox"/> Computer Software        | <input type="checkbox"/> Legal                   | <input type="checkbox"/> OTHER _____      |
| <input type="checkbox"/> Consulting               | <input type="checkbox"/> Plumbing Supplies       | <input type="checkbox"/> _____            |
| <input type="checkbox"/> Construction & Equipment | <input type="checkbox"/> Printing                | <input type="checkbox"/> _____            |
| <input type="checkbox"/> Credit Card/Merchant     | <input type="checkbox"/> Public Relations        |   |

**Please provide a list of those who desire to receive Legislative Updates, UASD News, and other key information.**  
(email address is necessary to receive email updates and other important information.)

Full Name	Title	Phone	Email address
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Full Name	Title	Phone	Email address
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### Associate Member Annual Dues \$650.00

Payment Type: <input type="checkbox"/> Check <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover <input type="checkbox"/> Other _____	
Name on Card:	Card Number:
Authorized Signature:	Security Code:
Email address to receive receipt:	Expiration Date:
Credit Card Billing Address:	

**Please enclose a check payable to UASD, or credit-card information with this form and return to the UASD**