



UTAH ASSOCIATION OF SPECIAL DISTRICTS

UASD MEMBERSHIP INFORMATION SHEET

DISTRICT NAME: _____

STREET ADDRESS: _____

MAILING ADDRESS: (If different from street address) _____

CITY: _____ **ZIP:** _____ **EMAIL:** _____

PHONE: _____ **FAX:** _____ **WEBSITE:** _____

MAIN CONTACT: _____ **TITLE:** _____

SERVICES PROVIDED (Please check all that apply):

- | | | |
|---------------------------------------------|-----------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> AMBULANCE | <input type="checkbox"/> HEALTH CARE/HOSPITAL | <input type="checkbox"/> RODEO |
| <input type="checkbox"/> ANIMAL CONTROL | <input type="checkbox"/> IRRIGATION | <input type="checkbox"/> SANITATION |
| <input type="checkbox"/> CARE CENTER | <input type="checkbox"/> LAW ENFORCEMENT | <input type="checkbox"/> SEWER |
| <input type="checkbox"/> CEMETERY | <input type="checkbox"/> LIGHTING | <input type="checkbox"/> SOIL CONSERVATION |
| <input type="checkbox"/> CONVENTION | <input type="checkbox"/> MOSQUITO | <input type="checkbox"/> SOLID WASTE |
| <input type="checkbox"/> DRAINAGE | <input type="checkbox"/> MUNICIPAL SERVICES | <input type="checkbox"/> TRANSPORTATION |
| <input type="checkbox"/> ELECTRIC | <input type="checkbox"/> MUSEUM | <input type="checkbox"/> WATER |
| <input type="checkbox"/> EMERGENCY SERVICES | <input type="checkbox"/> PARKS | <input type="checkbox"/> 911 DISPATCH |
| <input type="checkbox"/> EROSION CONTROL | <input type="checkbox"/> PUBLIC TRANSIT | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> FIRE PROTECTION | <input type="checkbox"/> RECREATION | |
| <input type="checkbox"/> FLOOD CONTROL | <input type="checkbox"/> ROAD MAINTENANCE | |

Please provide a list of management, staff and board members who wish to receive legislative updates, UASD news and other key information by email.
(email address is necessary to receive important updates and information via email.)

General Manager:	_____	_____	_____
	Full Name	Phone	Email address
:	_____	_____	_____
Title	Full Name	Phone	Email address
:	_____	_____	_____
Title	Full Name	Phone	Email address

OVER

Board of Representatives
Member Appointment

As a member of the UASD, each district has the right to appoint one member, as well as an alternate (if the member is absent) to serve on the UASD Board of Representatives. As a member of the Board of Representatives, this individual is authorized by the Bylaws to vote on all items of business raised at the Annual Meeting of the Association held each year. The appointment of a Member and Alternate should be made by resolution of each district board.

Name of Member appointed to the UASD Board of Representatives: _____

Name of Alternate Member appointed to the UASD Board of Representatives: _____

Date Member and Alternate were appointed by the District Board: _____

Signature of Person supplying information: _____ Title: _____

UASD 2023 ANNUAL MEMBERSHIP DUES SCHEDULE

Annual Operating Budget	Annual Dues
\$ 1 - 99,999	\$ 80
\$ 100,000 - 499,999	\$ 427
\$ 500,000 - 999,999	\$ 1067
\$ 1,000,000 - 1,499,999	\$ 1,602
\$ 1,500,000 - 1,999,999	\$ 2,133
\$ 2,000,000 - 2,499,999	\$ 2,848
\$ 2,500,000 - 2,999,999	\$ 3,554
\$ 3,000,000 - 3,499,999	\$ 4,266
\$ 3,500,000 - 3,999,999	\$ 4,986
\$ 4,000,000 - 4,499,999	\$ 5,696
\$ 4,500,000 - 4,999,999	\$ 6,407
\$ 5,000,000 - 5,499,999	\$ 7,113
\$ 5,500,000 - 5,999,999	\$ 7,821
\$ 6,000,000 - 6,499,999	\$ 8,530
\$ 6,500,000 - 6,999,999	\$ 9,240
\$ 7,000,000 - 7,999,999	\$ 9,956
\$ 8,000,000 - 8,999,999	\$ 10,674
\$ 9,000,000 - 14,999,999	\$ 11,693
\$ 15,000,000 - 29,999,999	\$ 13,043
\$ 30,000,000 - 49,999,999	\$ 14,393
\$ 50,000,000 - 69,999,999	\$ 15,743
\$ 70,000,000 - 99,999,999	\$ 17,093
\$ 100,000,000 +	\$ 18,443

(FOR UASD DUES PURPOSES, TOTAL OPERATING BUDGET DOES NOT INCLUDE FUNDS DESIGNATED FOR THE PAYMENT OF PRINCIPAL AND INTEREST, PAYMENTS ON LONG-TERM DEBT, OR FUNDS DESIGNATED FOR MAJOR CAPITAL EXPENDITURES.)

	ANNUAL OPERATING BUDGET	TOTAL ANNUAL DUES
<i>ANNUAL DUES CALCULATION</i>	\$	\$
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:		
<i>Please enclose a check or credit-card information with this form and return to the UASD</i>		

Utah Association of Special Districts