



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"/> Construction & Equipment | <input type="checkbox"/> Printing | _____ |
| <input type="checkbox"/> Credit Cards | <input type="checkbox"/> Public Relations | _____ |

Please provide a list of those 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
_____	_____	_____	_____
Full Name	Title	Phone	Email address

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 or credit-card information with this form and return to the UASD