

UCWHA MEMBERSHIP APPLICATION

Membership Costs: Individual - \$20.00 (Any individual over 18 or not covered in family membership)

Family - \$25.00 (Includes husband, wife and children under 18, does not include grandchildren)

Please include the following information with your dues:

Name _____

Children _____

Address _____ *City & State,*

Zip _____ *Telephone: Home*

_____ *Work* _____ *Email*

address _____ *Type of Membership:*

Individual Family

Print and fill out application, and mail with membership fee (make checks payable to UCWHA) Mail to: UCWHA

P. O. Box 2645 _____ Cookeville, TN 38502 Membership Year