

# ***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 \_\_\_\_\_