UELMA Membership Registration

Name_____

School_____

Address where you would like the newsletter sent:

Address_____

City, State and Zip Code_____

This is my home address . This is my school address .

Telephone Number (where you would like to be contacted)_____

Email address_____

Position _____District _____

Certified Division Non-Certified Division

Full Year Membership – Conference thru June 30th $20

Half Year Membership – July 1st thru December 31st $10

Total _____

Return this form with a check made payable to UELMA to:

UELMA
John L Smith
714 W 1900 N
Clinton UT 84015