

# UTA MEMBERSHIP APPLICATION *WE STAND TOGETHER*

## APPLICANT INFORMATION

First Name:	Last Name:	Member No.	<b>Office use only</b>
Mailing address:			
City:	State:	ZIP Code:	
Home Phone:	Cell Phone:	Shop Phone:	
E-Mail:		Website:	
Business Name:			

## MEMBERSHIP TYPE – NEW RENEWAL

<b>International Membership</b>	1 Vote and Members Rights for one year	\$50.00 US	
<b>Individual Membership</b>	1 Vote / Members Rights for a Year	\$50.00	
<b>Family Membership</b>	2 Votes, Members Rights for a Yr & includes children up to 16	\$75.00	
<b>Business Membership</b>	1 Vote as a Business, ¼ page advertisement in the Artisan and color listing on the UTA web page.	\$120.00	You must provide artwork to the Editor
<b>Regular Lifetime</b>	All Member rights for life & 1 vote.	\$500.00	
<b>Seniors Individual Membership</b>	Age 60 & up Members rights for 1 year & 1 vote	\$34.00	
<b>Seniors Lifetime Membership</b>	Age 60 & up Member rights for life & 1 vote.	\$334.00	
<b>Family Lifetime Membership</b>	All Members rights for life as a couple W / 2 votes.	\$750.00	
<b>Disabled Veterans</b>	1 Vote & Members Rights for 1 Yr	\$25.00	<b>Total Enclosed Below</b>
<b>Disabled Veterans – Lifetime</b>	Member's rights for life & 1 vote.	\$250.00	
<b>Active Duty Military</b>	1 Vote and Members Rights until Discharged	<b>NO CHARGE</b>	\$

## SIGNATURES

I hereby certify the information provided on this application is accurate.

Signature of applicant:	Date:
Credit Card No.	3 Digit Sec No.
Type Card: VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Check / Money Order <input type="checkbox"/> Check No. _____	
Card holder Signature:	Card Expiration Date:

**Please send Payment to:**  
**UNITED TAXIDERMIST ASSOCIATION Inc.**  
**W7246 Perkinstown Avenue.**  
**Medford , Wisconsin 54451**  
**1-877-534-4UTA (4882)**