

Considering joining UHCA as a Professional Associate Member?

The following is just a brief sampling of the benefits you will receive through your membership:

- ◆ *Our newest member service, the UHCA web site. As a Professional Associate member you are invited to have a **direct link** from our web site to your company's own site. In addition, you will have access to the latest information and events relative to UHCA and our members!*
- ◆ *Preferred status among our members. Being a Professional Associate member and supporter of UHCA has **never** meant more to the decision-makers of our profession than it does today!*
- ◆ *Invitations to participate in UHCA educational, legislative and other long-term care "public relations-focused" special events.*
- ◆ *Special member-only opportunities to participate in educational seminars and the UHCA spring meeting; plus discounted exhibitor rates at the annual fall convention.*
- ◆ *Invitations to participate in local area UHCA Chapter meetings for status reports on current state and local issues and make personal contacts with facility leadership throughout the state.*
- ◆ *An invitation to participate on any (or all) of UHCA's standing policy committees. Bring your talents and message to our membership!*
- ◆ *An invitation to participate on YOUR Vendor Sub-Committee. This group, comprised of your peers throughout the business community, is responsible for the direction of vendor-related policies and activities.*



PROFESSIONAL MEMBERSHIP LEVELS:

Platinum Level \$4,000 annually

- ◆ Annual UHCA Associate Membership dues
- ◆ Automatic link from the UHCA web-site to your business' web-site
- ◆ Major speaker (keynote), or meal function sponsorship at either Fall Convention or Spring Meeting
- ◆ Two (2) pre-paid vendor booths at UHCA Fall Convention with priority choice of booth location
- ◆ One (1) pre-paid vendor table top at UHCA Spring Meeting
- ◆ Major sponsorship of annual UHCA Legislative Reception, and invitation for four (4) company representatives
- ◆ Sponsorship of one (1) golf hole at annual UHCA Fall Convention Golf Tournament
- ◆ Special recognition as "Platinum Member" at all UHCA events

Gold Level \$3,000 annually

- ◆ Annual UHCA Associate Membership dues
- ◆ Automatic link from the UHCA web-site to your business' web-site
- ◆ Break-out speaker, or break sponsorship at either Fall Convention or Spring Meeting
- ◆ One (1) pre-paid vendor booth at UHCA Fall Convention with priority choice of booth location
- ◆ One (1) pre-paid vendor table top at UHCA Spring Meeting
- ◆ Sponsorship of annual UHCA Legislative Reception, and invitation for two (2) company representatives
- ◆ Sponsorship of one (1) golf hole at annual UHCA Fall Convention Golf Tournament
- ◆ Special recognition as "Gold Member" at all UHCA events

Silver Level \$2,000 annually

- ◆ Annual UHCA Associate Membership dues
- ◆ Automatic link from the UHCA web-site to your business' web-site
- ◆ Break sponsorship at either Fall Convention or Spring Meeting
- ◆ One (1) pre-paid vendor booth at UHCA Fall Convention with priority choice of booth location
- ◆ Eligibility to participate with a table top display at UHCA Spring Meeting
- ◆ Sponsorship of one (1) golf hole at annual UHCA Fall Convention Golf Tournament
- ◆ Special recognition as "Silver Member" at all UHCA events

Bronze Level \$1,000 annually

- ◆ Annual UHCA Associate Membership dues
- ◆ Automatic link from the UHCA web-site to your business' web-site
- ◆ One (1) pre-paid vendor booth at UHCA Fall Convention with priority choice of booth location
- ◆ Eligibility to participate with a table top display at UHCA Spring Meeting
- ◆ Special recognition as "Bronze Member" at all UHCA events

An Affiliate of the American Health Care Association

UHCA PROFESSIONAL ASSC. MEMBERSHIP APPLICATION

Date: _____

Name(s) /Primary Contact(s): _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail (**required**) _____

Telephone: () _____ Fax: () _____

Nature of Business: _____

I hereby make application for **Professional Associate Business Membership** to the Utah Health Care Association (UHCA). I agree to abide by the rules, bylaws and standards established by and for the members of UHCA.

- I am joining at the:
- Platinum Level (\$4,000 annually)
 - Gold Level (\$3,000 annually)
 - Silver Level (\$2,000 annually)
 - Bronze Level (\$1,000 annually)

Signature

Date

Dues for Professional Associate Memberships may be paid:

- Annually, Semi-annually; or Quarterly. *Please check your preference.*

Please charge my membership to my credit card # _____; Exp: _____;

Name on card: _____, Credit card type: _____

Visa / MasterCard / AMX

Check Enclosed

Please Complete & Return Membership Application to UHCA via:

E-Mail to: deb@uthca.org

or

Mail to:

2180 S. 1300 E., Suite 445

Salt Lake City, UT 84106

* Dues payments **may** be deducted as an "ordinary and necessary" business expense.

* Contributions or gifts to UHCA **may not** be deducted as charitable contributions.