

## UOS Membership Application\*

Type: New \$ \_\_\_\_\_ Renewal \$ \_\_\_\_\_ Gift \$ \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_ Please write

NO if you do not want to be on the UOS e-mail list serve \_\_\_\_\_.

(The list serve will be used for announcements about UOS activities, meetings, etc.)

\*We will not sell or otherwise disclose membership information without your consent.