

Name \_\_\_\_\_ Preferred Prefix \_\_\_\_\_

Marital Status \_\_\_\_\_ Maiden Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Firm Name \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_ Single Annual .....\$ 50

\_\_\_ Joint Life Membership .....\$ 575

\_\_\_ Joint Annual .....\$ 75

\_\_\_ Joint Life Installments (5 annual @ \$120)

\_\_\_ Single Life Membership .....\$ 475

.....\$ 600

\_\_\_ Single Life Installments (5 annual @ \$100)

\_\_\_ Sr. Citizen (60+) Single Life Membership

.....\$ 500

.....\$ 250

\_\_\_ Sr. Citizen (60+) Joint Life Membership

\_\_\_ VISA \_\_\_ MASTERCARD \_\_\_ AMEX Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_ Check enclosed payable to UWAA