



UACS Membership Application

ORGANIZATION NAME: _____

CONTACT PERSON: _____

OFFICE ADDRESS: _____

EMAIL: _____ PHONE: _____

Please complete the following information, include the \$500.00 application fee, and mail to:

Utah Association of Community Services
P.O. Box 1287
Salt Lake City, UT 84110-1287

Our Executive Director, Charlie Luke, together with the UACS Executive Council will evaluate your information at our next monthly Executive Council meeting. Please contact Charlie at charlieluke@uacs.org if you have questions about UACS or our membership process.

1. Why are you interested in becoming a member of the Utah Association of Community Services?
2. What services does your agency/business provide?
3. What are the age populations you serve?
4. What are your total annual operating expenses?
5. With which state agencies do you contract?
6. In what geographic areas of Utah are you providing services?
7. How many clients are you currently serving?
8. How long has your business been in operation?
9. Has your agency/business been a member of the Utah Association of Community Services in the past?