

UACS Membership Application

Organ	ization
Name	of Executive Director or Principal Contact
Addre	SS
 Email	
this fo memb Lake (Execu	complete the following information and email your responses with a scanned version of rm to Nancy Strahan at nancy@uacs.org and mail a hard copy with the \$500.00 ership application fee to Utah Association of Community Services, P.O. Box 58857, Salt City, UT 84158. Our Executive Council will evaluate your application at our next monthly tive Council meeting. Please contact Nancy Strahan if you have questions about the Utah iation of Community Services 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 agencies do you contract (please breakdown by % of income)?
- 6. In what geographic areas of Utah do you contract?
- 7. How many clients are you currently serving?
- 8. How long has your business been in operation?
- 9. Has your agency/business beena member of UACS in the past?