



MRAU of Utah Membership Application

Name: _____

Address _____ City _____ State _____ Zip _____

Phone: _____ Home: _____ Cell _____

Email _____

Individual with Disability:

Name _____

Place of Residence: Home _____ ICF/ID _____ Community _____ USDC _____ Waiting List _____

Relationship to individual: _____

Your participation:

Please check the level at which you wish to be involved:

_____ *Email notifications:* MRAU Next Generation (Checking this alone will simply put your name on our mailing/e-mail list to receive information.)

_____ *Donation:* If you wish to also become a member, check one of the options below as well and send your check with this form)

_____ Regular Member \$20 _____ Patron \$50 _____ Sustaining \$100 _____ Prof/Org \$200 Additional

Donations are Appreciated. Thank you for your support! (Return to the MRAU office, 895 North 900 East, American Fork, UT 84003)