

# UTAH HIGHWAY PATROL ASSOCIATION (UHPA) ENROLLMENT APPLICATION



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**EMPLOYEE** Last Name                      First Name                      Middle Initial                      **SOCIAL SECURITY NUMBER**

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**ADDRESS** Street                      City                      State    Zip Code                      **BIRTH** Month Day Year

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**DATE EMPLOYED** (Month Day Year)                      **BENEFICIARY (IES)**                      **RELATIONSHIP**  
(Example- Helen Doe not Mrs. John Doe)

I hereby authorize my employer to make the necessary deduction from my wages or salary for the contributions, if any, required of me to be paid to the treasurer of the UHPA as dues. In no event shall the \$10.00 (ten dollars) deduction exceed one such deduction per pay period.

Dated \_\_\_\_\_ of 20\_\_\_\_\_

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**Signature of Member**

I understand that I have to be a member of the UHPA for ten years before I can receive a retirement check. Upon retirement or honorable termination of employment I may be paid, at the discretion of the Board, \$1,000 at ten years of membership and \$100 for every year thereafter until twenty years. If I retire after twenty years of membership, I will receive \$2,000 plus \$1 per member over four-hundred members. I also understand that seventy percent of my dues goes to my direct benefit with \$3 going to the retirement fund, \$2 going into a legal fund, \$1.50 to an emergency fund, and \$0.50 into the president's legislative fund.

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**Initials of Member**

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**Signature of UHPA Presidency Member**

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**Human Resources**  
(Date & Initial)

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**Signature of UHPA Secretary**  
Date Secretary submitted to payroll