



New Member Outreach Program Reimbursement Form

Location (Describe) _____
 (Council meeting, happy hour, restaurant, community event, etc)

Council Name: _____ Council No.: _____ Regional Council: _____

City: _____ Date of Event: _____ Number in attendance _____

Results and Reimbursement Request

New Members

ADHIP	@ \$6.00 each _____	\$ _____
Emergicare	@ \$6.00 each _____	\$ _____
MAC	@ \$6.00 each _____	\$ _____
Life Guard	@ \$6.00 each _____	\$ _____
HIP (Canada Only)	@ \$6.00 each _____	\$ _____
Fraternal Member	@ \$6.00 each _____	\$ _____
M81 (To be used when an insured spouse becomes a member)	@ \$6.00 each _____	\$ _____
	Total	\$ _____

Reinstated Members

ADHIP	@ \$4.00 each _____	\$ _____
Emergicare	@ \$4.00 each _____	\$ _____
MAC	@ \$4.00 each _____	\$ _____
Life Guard	@ \$4.00 each _____	\$ _____
HIP (Canada Only)	@ \$4.00 each _____	\$ _____
Fraternal Member	@ \$4.00 each _____	\$ _____
	Total	\$ _____

Please list applications on reverse side of report

Indicate if NEW or REINSTATED, and Product Code

Product Code: A-ADHIP E-Emergicare S-MAC L-Life Guard H-HIP M-M81 F-Fraternal Member

Name (As it appears on application)	Product Code	New	Reinstatement

Attach all signed applications along with checks and meal receipts to this report and return to:

U. S. local councils:
UCT
Attn: Fraternal Department
1801 Watermark Drive, Ste. 100
Columbus, OH 43215

Canadian local councils:
UCT
Attn: Joyce Pierre
901 Centre Street North, Room 300
Calgary, AB T2E 2P6

Submitted by _____ Date _____