

UMSL RETIREES ASSOCIATION MEMBERSHIP APPLICATION

Date _____ Renewal _____ or New Member _____

Retirement Date _____

Name _____
(Last) (First) (Mi)

Address _____
(Street and Number)

City _____ State _____ Zip+4 if known _____

Telephone (_____) _____ Email address: _____

Retired Staff _____ Retired Faculty _____

Position at time of Retirement _____

Type of Membership

a. _____ \$10.00 annual

b. _____ \$100.00 lifetime membership

(By returning this form, I give my permission to include this information in the UMSL Retirees Association Directory and an email list serve).

Print and Mail to:

UMSL Retirees Association
University of Missouri-St. Louis
440 Wood Hall
One University Boulevard
St. Louis, MO 63121