

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._____ \$12 annual

b. _____ \$125 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:

Rick Blanton
7348 Country Club Drive
St. Louis, MO 63121-2508