

MU Retirees Association Membership – Application/Renewal Form

Date \_\_\_\_\_  
Year Retired \_\_\_\_\_

Renewal \_\_\_\_\_  
New Member \_\_\_\_\_

Title: Dr \_\_\_\_\_ Mr \_\_\_\_\_ Mrs \_\_\_\_\_ Other \_\_\_\_\_  
Name: \_\_\_\_\_  
Last First Initial

Permanent Address:  
\_\_\_\_\_  
Street and number  
\_\_\_\_\_  
City State Zip + 4 digits  
Phone: \_\_\_\_\_

Alternate Address: (Winter \_\_\_\_\_ Summer \_\_\_\_\_)  
\_\_\_\_\_  
Street and number  
\_\_\_\_\_  
City State Zip + 4 digits  
Phone: \_\_\_\_\_

eMail address: \_\_\_\_\_

Retired Staff \_\_\_\_\_ Retired Faculty \_\_\_\_\_ Spouse of Retiree \_\_\_\_\_ Pre-retiree \_\_\_\_\_

Type of Membership: (check all applicable)

a. _____ annual for retiree (\$7.50)	c. _____ annual for spouse (\$7.50)
b. _____ lifetime for retiree (\$75.00)	d. _____ lifetime for spouse (\$75.00)
e. _____ annual for pre-retiree (\$7.50)	f. _____ annual pre-retiree spouse (\$7.50)
g. _____ lifetime for pre-retiree (\$75.00)	h. _____ lifetime pre-retiree spouse (\$75.00)

Spouse's name: \_\_\_\_\_

Please mail application with appropriate fees to:

MU Retirees Association  
PO Box 1831  
Columbia, MO 65205-1831