University of Arizona Retirees Association
Membership Form
For Year July 1, 2015 to June 30, 2016
(This form can be used for new applications or renewals)

Instructions:
1. Print this page and complete the entries
2. Choose type of membership (Annual $20, 5-Year $80)
3. Make your check payable to UARA
4. Place the check and application in the mail to:
   UARA, P.O. Box 42391, Tucson  AZ 85733

Name: __________________________________________________________

Address: ________________________________________________________

City: ___________________________ State: _____   ZIP: ___________

Telephone: __________________________ Retirement Year ________

Email: _________________________________________________________

Type of Membership: ________ Annual ($20) or _______ 5-Year ($80)

Please indicate your classification

__Faculty,  __Staff, __ Academic/Service Professional, __ Administrator, __ Other

If you have any questions about UARA, visit our webpage at http://uara.arizona.edu, call us at 520-626-6936, or call/text 520-982-7813.