UNIVERSITY OF ARIZONA RETIREES ASSOCIATION MEMBERSHIP FORM
For Year July 1, 2018 to June 30, 2019
(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, Active Employee $10/year)
3. Make your check payable to UARA
4. Mail your check and application to: UARA, P.O. Box 42391, Tucson AZ 85733

Name: ________________________________________________________________

Address: ___________________________________________________________________

City: ___________________________________ State: _____ ZIP: _________

Telephone: ________________________________ Retirement Year _________

Department: ___________________________________________________________________

Email Address: _______________________________________________________________

Type of Membership:
__ Annual ($20/year)
__ 5-Year ($80)
__ Active Employee within 2 years of retirement ($10/year)

Please indicate your classification
__ Faculty
__ Staff
__ Academic/Professional
__ Administrator
__ Other

if you have any questions about UARA, visit our webpage at uara.arizona.edu, call us at 520-626 6936.