

The University of Alabama Retirees Association

Membership Form

Name:		Date:
Department	Month/Year Retired:	Title:
Address:		
Phone:	Email: (never shared)	
Spouse Name:		
Name:		
Department	If UA Employee, Month/Year Retired:	Title:
Address:		
Phone:	Email: (never shared)	
Charle one entergony () NEW () DEN	EWAL () CORRECTION of member info	rmation
() UA Retiree		
() UA Retiree and UA Retired Spouse		
() UA Retiree and Spouse		*
() Surviving Spouse of UA Retiree		retiree or UA spouse
Please mail this membership app		
and a \$25.00 check, payable to T Your cancelled check will be you		. 35486-0013
Please check if interested in serving as () Officer () Board Member-at-Large () On a committee		

Additionally, you are encouraged to go to http://www.aerainc.org/join-aera/; click on JOIN AERA, then click "Membership Form" to download a membership application for our affiliate organization, Alabama Education Retirees Association (AERA). For more information about membership in AERA and the many benefits you can receive, please email info@aerainc.org or call toll free 1-800-537-6867.

IMPORTANT REQUEST

Please donate to the Robert E. Witt First Generation Book Scholarship Fund by enclosing a separate check payable to The University of Alabama with "Robert E. Witt Book Scholarship" in the memo line. You will receive a tax-deductible statement from the University.