

UNIVERSITY OF IOWA RETIREES ASSOCIATION
MEMBERSHIP FORM

NAME _____

ADDRESS _____

E-mail address _____
(For UIRA messages only--Will not be circulated)

Telephone _____ Membership type: New _____ Renewal _____

If a new membership, complete the information below:

Retiree status (check all that apply):

Faculty _____ Staff _____ Spouse/Domestic Partner _____ Associate Member _____
(Describe present or past relationship with UI)

Month and year retired _____

Department or division of UI from which you retired: _____

******For Second Person's Membership******

NAME _____

ADDRESS _____

Email address _____
(For UIRA messages only--Will not be circulated)

Telephone _____ Membership type: New _____ Renewal _____

If a new membership, complete the information below:

Retiree status (check all that apply):

Faculty _____ Staff _____ Spouse/Domestic Partner _____ Associate Member _____
(Describe present or past relationship with UI)

Month and year retired _____

Department or division of UI from which you retired: _____

This form is for both new memberships and renewals. Make checks out to **University of Iowa Retirees Association. Dues for each registrant are \$10 a year** (July 1 through June 30). New members who join after May 1 are paid through June 30 of the following year. **Send completed form and payment to Membership Chair LaVonna Gaunt, 2917 E. Washington Street, Iowa City IA 52245.** For information about the UIRA, phone President Richard Stevenson at 351-5134.