

UNIVERSITY OF IOWA RETIREES ASSOCIATION

Membership Form

July 1, 2009 - June 30, 2010

NAME: _____

ADDRESS _____

E-mail address _____

For UIRA messages only – Will not be circulated

For UIRA messages and e-mail delivery of *The Gray Hawk* newsletter

Telephone _____ Membership type: New _____ Renewal _____

If a new membership, please complete the information below:

Retiree status (check all that apply):

Faculty _____ Staff _____ Spouse/Domestic Partner _____ Associate Member _____

Month and year retired _____
(Describe present or past relationship with UI)

UI department or division from which you retired: _____

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

NAME _____

ADDRESS _____

Email address _____

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For UIRA messages and e-mail delivery of *The Gray Hawk* newsletter

Telephone _____ Membership type: New _____ Renewal _____

If a new membership, please complete the information below:

Retiree status (check all that apply):

Faculty _____ Staff _____ Spouse/Domestic Partner _____ Associate Member _____

Month and year retired _____
(Describe present or past relationship with UI)

UI department or division from which you retired: _____

This form is for both new memberships and renewals. **Dues for each registrant are \$10.** New members who join after May 1 are paid through June 30 of the following year. First-year membership is free for new retirees and their spouses/domestic partners. Send completed form and checks payable to the **University of Iowa Retirees Association** to Membership Chair **Marion Johnson, 2107 Norcor Avenue, Apt. 6, Coralville, IA 52241.**