UNIVERSITY RETIREES ASSOCIATION OF THE UNIVERSITY OF LOUISIANA AT LAFAYETTE

MEMBERSHIP FORM (7/1/13 – 6/30/14)

1. RETIREE NAME ________________________________
   (Title)   (First)   (Middle Initial)   (Last)

Retired from ___ LASERS ___ TRSL ___ ORP in _____ (year)

Email Address ________________________________

Phone ________________________________

Mailing Address ________________________________

2. SPOUSE/PARTNER NAME ________________________________
   (Title)   (First)   (Middle Initial)   (Last)

Retired from (if applicable) ___ LASERS ___ TRSL ___ ORP in _____ (year)

Email Address ________________________________

Phone ________________________________

3. Annual Membership (check appropriate blanks)

   ___ UL Lafayette Retiree $20.00
   ___ Spouse/Partner $10.00

Total Amount Due ______

MAKE CHECKS PAYABLE TO UNIVERSITY RETIREES ASSOCIATION. PRINT FORM, COMPLETE, AND MAIL WITH PAYMENT TO:

University Retirees Association
UL Lafayette Office of Human Resources
P. O. Box 40196
Lafayette, LA 70504

THANKS FOR YOUR SUPPORT!