UTD RETIREE ASSOCIATION MEMBERSHIP FORM

Please print clearly and complete all requested information:

Retiree Last Name	First Name		Spouse's Name		
Mailing Address			City, State		Zip Code
()					
Telephone		Cell	Phone		
Email Address:					
Faculty Staff	Department	or School	l		Year Retired
Year you began work	at UTD:	Depa	rtment or Schoo	ol:	
LIST MY INFORMATION The directory will be distributed by the control of the contr			ASSOCIATION	DIRECTORY:	Yes No
Have you attended U1	TD? Yes	☐ No	If Yes, what de	egree(s)?	
	_ What Progr	am?		What	year(s)
MEMBERSHIP DUES	FOR: SEPTE	MBER 1	TO AUGUST 3	1	
Dues: \$10.00,	LIFETIME ME	EMBERSI	HIP - \$150.00,	Spouse Nonv	oting Membership - \$10.00
UTD RA Scholarship F	Fund Contribut	tion**	\$1.00, 🗌 \$5.0	00,	
UTD Parking Permit _	\$2.00 (Thi	s requires	a decal reques	st form that must a	accompany this one.)
*It is not necessary for a ** Each year a donation				a Staff Scholarship.	
.Total Amount of your	check \$				
Return the completed to Retiree Association Trea Visit of	surer, The Univ	ersity of T		9 Sunkist Lane, Pla	ano, TX
RA USE ONLY					
Rec/d Amount \$	Cash	Ch#	Processed	Initials	нт