## Membership Application UNR RETIRED FACULTY ASSOCIATION

New members: please fill out the information requested below. <u>If you are a continuing or life-time member, please indicate changes only.</u>

Last Name		First Name		Middle Initial	
Street	Address	City		State	Zip
Telephone		Email	То	Today's Date mm/dd/yy	
Date retired		Departr	Department College/ui		ollege/unit
If appl	ying as a spous	e or partner, check here:			
Which of the following activities would you be interested in (check all that apply)?  Volunteering for the university and/or with students  Continued research and/or mentoring current faculty  Involvement with committees and activities of the Retired Faculty Association  Social events and travel  Information related to retirement and/or financial planning  Cultural and/or athletic events at UNR  Information and links with specific interest groups (list					
• • (Dues	Year-long men Life-time: \$25 are used to sup	ropriate amount mbership (renewable this date note) 0.00 port the functions of the Associa Board of Regents' policies.)			s, travel and
CREDI	Γ CARD INFORM	ATION			
Name	on Card:				
Billing	Address:		City	State: _	Zip:
Security Number: Signature				Amou	nt \$
Card Number:			Expiration Date (MM/Year)		

If you would rather, you may telephone the Foundation at (775) 784-1587 and provide your credit card information via phone, or you may pay by check. Send the completed form to the UNR Foundation, University of Nevada, Reno/MS162, Reno, NV 89557.