

University of Michigan Retirees Association (UMRA)

Membership Form

Please print and complete this form and mail it, along with a check payable to UMRA, to:
2500 Wolverine Tower, 3003 South State Street, Ann Arbor, MI 48109-1281

Name _____
First Last

Address _____
Street address

City State/Province

Zip/Postal code Country

Phone _____ **Email** _____

Spouse/Partner _____
First Last

Retirement date ____/____/____ **Campus** Ann Arbor Dearborn Flint
MM YYYY

Department/Unit _____

Job title _____

Current date ____/____/____
MM DD YYYY

September 1, 2016-August 31, 2017 Membership Dues: \$ 15.00

Optional contribution (tax deductible): \$ _____ New member

Total Paid: \$ _____ Renewal