

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:
 2005 Wolverine Tower, 3003 South State Sreet, Ann Arbor, MI 48109-1281

	Primary		Spouse/Partner
UMID - 8 Digit #	_____	UMID - 8 Digit #	_____
Prefix	_____	Prefix	_____
* First Name	_____	* First Name	_____
Middle Name	_____	Middle Name	_____
* Last Name	_____	* Last Name	_____
Suffix	_____	Suffix	_____
* Email Address	_____	* Email Address	_____
Title	_____	Title	_____
Department/Unit	_____	Department/Unit	_____
Retirement Date	_____	Retirement Date	_____
Campus	<input type="checkbox"/> Ann Arbor _____	Campus	<input type="checkbox"/> Ann Arbor _____
Campus	<input type="checkbox"/> Dearborn _____	Campus	<input type="checkbox"/> Dearborn _____
Campus	<input type="checkbox"/> Flint _____	Campus	<input type="checkbox"/> Flint _____
* Street Address1	_____	* Street Address1	_____
Street Address2	_____	Street Address2	_____
* City	_____	* City	_____
* State	_____	* State	_____
* Zip	_____	* Zip	_____
Country (USA, etc)	_____	Country (USA, etc)	_____
* Home Phone	_____	* Home Phone	_____
Mobile Phone	_____	Mobile Phone	_____
Current Date	_____		

*** Desired Field to be able to communicate with the member**

September 1, 2020 - August 31, 2021 Household Membership Dues:	\$	15.00
Optional contribution (tax deductible):	\$	_____
Total Paid:	\$	_____