

# Auburn University Retiree Association Membership Application Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Membership Dues

- |  |                                  |                             |                              |
|--|----------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> New                         | <input type="checkbox"/> Renewal | <input type="checkbox"/> AU | <input type="checkbox"/> AUM |
| <input type="checkbox"/> Single Retiree              |                                  |                             | \$25.00                      |
| <input type="checkbox"/> Retiree and Spouse          |                                  |                             | \$25.00                      |
| <input type="checkbox"/> Retiree and Retiree Spouse  |                                  |                             | \$25.00                      |
| <input type="checkbox"/> Surviving Spouse of Retiree |                                  |                             | \$10.00                      |
| <input type="checkbox"/> Sponsor                     |                                  |                             | \$25.00                      |
| <input type="checkbox"/> Gift/Contribution           |                                  |                             | _____                        |

Please make your check payable to AURA and mail dues along with this form to:

**AURA**  
**Auburn University Retiree Association**  
**P.O. Box 1436**  
**Auburn, AL 36831-1436**

**Join AURA today to voice your support for enhancing  
and protecting education retiree benefits.**