



Retirees Association

Membership

Application

Welcome! MURA membership offers you a variety of educational and social activities, as well as a chance to connect with other retirees. Your membership gives strength to MURA's voice in support of retirees and our benefits.

Please print this form, complete, and return it with your check today!

Faculty Staff Extension Personnel Spouse Other _____

NAME: _____ My Date of Retirement: _____
dd/mm/yyyy

Spouse Name [if joining]: _____ Home Phone: (____) _____

Mailing Address: _____ City: _____

State: _____ ZIP: _____ Country: _____

E-Mail Address: _____ Cell Phone: (____) _____

Spouse E-Mail [if joining]: _____

Membership year is Jan. 1 – Dec. 31

- Annual, \$7.50/retiree/pre-retiree LIFE, \$75/individual
- Annual, \$7.50/spouse

Please mail this form and your check to:

MU Retirees Association
P.O. Box 1831
Columbia, MO 65205-1831

Total enclosed = \$_____ Check # _____