

MURA Membership Application:

YOUR NAME:

First	Middle	Last
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- Membership Category: Retiree Pre-Retiree Spouse/Partner Associate
- Membership Term: Lifetime Annual
- Preferred name for nametag: _____

CONTACT INFORMATION:

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Cell phone: () _____ Home: () _____

Email address: _____

SPOUSE/PARTNER NAME (If they are also joining MURA):

First	Middle	Last
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- Membership Category: Retiree Pre-Retiree Spouse/Partner Associate
- Membership Term: Lifetime Annual

Preferred name for nametag: _____

SPOUSE/PARTNER CONTACT INFORMATION (If different than above):

Cell phone: () _____ Email address: _____

OPTIONAL INFORMATION:

Retirement date: _____ (mm/dd/yyyy)

Gender: Female Male

Position type: Staff Faculty

I am interested in learning more about these MURA volunteer opportunities:

Elected or appointed MURA Board positions

MURA committee work:

- | | | | |
|-----------------------------------|---|--|---------------------------------------|
| <input type="checkbox"/> Programs | <input type="checkbox"/> Educational Breakfasts | <input type="checkbox"/> Membership | |
| <input type="checkbox"/> Awards | <input type="checkbox"/> Communications | <input type="checkbox"/> Audit/Finance | <input type="checkbox"/> Scholarships |

PAY DUES AND SUBMIT APPLICATION - Lifetime \$100 per person or Annual \$12.50 per person

If paying by check:

- Total enclosed \$ _____ Check # _____
- Mail completed form and check to MU Retirees Association, PO. Box 1831, Columbia, MO 65205-1831.

If paying by credit card or PayPal, go to: <http://mura-missouri.com/join-mura/>

- Save/name the completed form as a PDF file, using this this format: MURAfirstlastname.PDF (Example: MURAJoTurner.PDF)
- Email the completed form in PDF format as an attachment to MURA at MURA@missouri.edu. Or, print the PDF and mail a copy of the form to MU Retirees Association, PO. Box 1831, Columbia, MO 65205-1831.

DATE SUBMITTED: _____