UAB Retirees Association Membership Form

To join or renew, please mail this form with a check* to: UABRA

P.O. Box 55682 Birmingham, AL 35255

Membership is \$15 for the calendar year.

Your spouse is a member for no extra fee. Join anytime!

*If you pay directly from the bank, **email** <u>UABretireesasso@gmail.com</u> and let the treasurer know to expect your electronic payment.

Date you completed this fo	rm:	
Membership category:	□ New Membership in□ 2022 UABRA Renev	UAB Retirees Association val
UAB Retiree Name:		Title
Email address:		
Phone:		
Please note we email memb If you do not use email, volui		
Date of Member UAB Retire	ment: UAB Dep	partment:
Spouse Name:		Title
□ no spouse, or spouse dece	eased	
□ spouse is UAB Retiree, dat	e of UAB Retirement:	Department:
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Contact me about joining th Contact me about joining th Contact me about joining the Program or event suggestions:	e hospitality committee:	

revised July 5, 2021