

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

If you pay directly from the bank, **email UABRA@uabretirees.org
and let the treasurer know to expect your electronic payment.*

Date you completed this form: _____

Membership category: New Membership in UAB Retirees Association (UABRA)
(check one) Renewal

Membership is \$15 for the calendar year. Your spouse is a member for no extra fee.
Join anytime!

UAB Retiree Name: _____ **Title** _____

Email address: **(required)** _____

Phone: _____

*Please note we **email** members to provide meeting updates and reminders.
If you do not use email, volunteers will call you with event updates if possible.*

Date of Member UAB Retirement: _____ UAB Department: _____

Spouse Name: _____ **Title** _____

no spouse, or spouse deceased

spouse is UAB Retiree, date of UAB Retirement: _____ Department: _____

Mailing Address: _____

Contact me about joining the board of directors:

Contact me about joining the hospitality committee:

Contact me about joining the nomination committee:

Program or event suggestions:
