



# 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 # \_\_\_\_\_