

**IU RETIREES ASSOCIATION
2024-2025 MEMBERSHIP FORM**

Membership Type: Single (\$30) ____ Couple (\$40) ____

Name _____

For couple membership, spouse's/partner's name

Address _____

City _____ State _____ **9-digit** ZIP code _____

Telephone 1* _____ Email 1* _____

Telephone 2* _____ Email 2* _____

It is important that you include an email address so that we can contact you.

* Telephone number/s and email/s will be included in the membership directory unless otherwise indicated.

I/We do not wish telephone number/s ____ e-mail/s ____ to be included in membership directory.

____ When it's possible, I wish to receive the newsletter by e-mail rather than in paper form.

Please mail this form to

IU Retirees Association
P.O. Box 8393
Bloomington, IN 47407-8393