

WWURA Membership Application or Renewal

Name _____

Spouse/Partner _____

Address _____

City _____ State _____ Zip _____

Phone(s) _____

Email _____

Year retired _____ Years of WWU Service _____ Department _____

*If not a WWU Retiree, check one

Friend of WWU _____ Spouse/Partner of Retiree _____

Retiree of what institution/organization/company? _____

***Select Membership (includes spouse or partner) \$** _____

Contributing Membership . . . \$50.00 or more

Regular Membership \$35.00

Surviving Spouse or Partner.. \$10.00

Contribution to WWURA Scholarship Fund (Deductible) \$ _____

Total amount enclosed \$ _____

Signature _____ Date _____

Please mail this form and check (payable to WWURA) to;

WWURA Membership, c/o Barbara Evans,
715 North Garden Street #502,
Bellingham, WA 98225