

## Temporary Retired Member Card

\_\_\_\_\_ is a retired member of

**United University Professions**  
P.O.Box 15143  
Albany, NY 12212-5143

**Dues Paid: \$34**

**Check #** \_\_\_\_\_

RETAIN THIS STUB FOR YOUR RECORDS



### Retired Membership Application

*Please supply the following information.*

Retired from: Campus \_\_\_\_\_ Date of Retirement \_\_\_\_\_  
E-Mail \_\_\_\_\_ Home Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dues are assessed on an annual basis.

Send check for \$34 payable to: United University Professions

P.O.Box 15143, Albany, NY 12212-5143

Current members need not return this application.