

Youngstown State *U*niversity *R*etirees *A*ssociation

MEMBERSHIP APPLICATION

NEW RETIREE

Annual Dues: \$15.00

NAME: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

PHONE: _____

How do you prefer to receive YSURA communications?

Please check one: Regular mail Email

RETIREMENT DATE: _____

DEPARTMENT AT TIME OF RETIREMENT: _____

DO YOU HAVE ANY PLANS FOR YOUR RETIREMENT? _____

Signature

Date

Please mail this form with your check (*payable to YSURA*) to:

YSURA
c/o Jeanne Tydings
9690 Struthers Road
New Middletown OH 44442-9716

Additional copies of this form are available at www.ysuretirees.org