

AU-AUM Retiree AURA Membership Form

Name: _____ AU _____ AUM _____

Check One: ☐ Dr. ☐ Mrs. ☐ Ms. ☐ Mr. ☐ Other (*please list*): _____

Spouse's Name (*if applicable*): _____

Check One: ☐ Dr. ☐ Mrs. ☐ Ms. ☐ Mr. ☐ Other (*please list*): _____

Address: _____

Phone: _____

E-mail: _____

☐ Single Retire.....\$25.00

☐ Surviving Spouse.....\$10.00

☐ Retiree & Spouse..... \$25.00

☐ Sponsor (an individual or an entity).....\$25.00

☐ Retiree & Retiree Spouse..... \$25.00

☐ Gift Contribution \$ _____

Please direct questions to Anne Adrian or Larry Teeter at: auretireeassoc@gmail.com.

Please make checks payable to **AURA** and mail to:

AURA
P.O. Box 1436
Auburn, AL 36831-1436