

# Auburn University Retiree Association Membership Application Form

Name: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Membership Type (New or Renewal) \_\_\_\_\_

## Membership Dues

Single Retiree	\$40.00
Retiree and Spouse	\$40.00
Retiree and Retiree Spouse	\$40.00
Surviving Spouse of Retiree	\$15.00
Sponsor	\$40.00
Gift/Contribution	_____

Please make your check payable to AURA and mail dues along with this form to:

**AURA**

**Auburn University Retiree Association**

**P.O. Box 1436**

**Auburn, Alabama 36831-1436**

**Make your voice heard—Join AURA today.**