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**2009-2010 IU RETIREES ASSOCIATION MEMBERSHIP FORM**

Name \_\_\_\_\_

For couple membership, spouse's/partner's name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ 9-digit ZIP code \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Enclosed is my check, made payable to IU Retirees Association, for:

\_\_\_\_\_ Single membership (\$10)                      \_\_\_\_\_ Couple membership (\$15)

Please mail this form with your check to IU Retirees Association  
P.O. Box 8393  
Bloomington, IN 47407-8393

Please disregard this notice if you already have returned your membership form.