

**Western Washington University  
Retirement Association  
Membership Application or Renewal**

Name \_\_\_\_\_ Spouse/Partner's Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Year Retired \_\_\_\_\_ Years of WWU Service \_\_\_\_\_

Department/Unit \_\_\_\_\_

If not a WWU retiree, check one:

WWURA Friend

Spouse/Partner of Retiree

Retired from what institution/organization \_\_\_\_\_

Select Membership (includes spouse or partner)

Contributing Membership \$ 50.00 or more

Regular Membership \$ 25.00

Surviving Spouse or partner \$ 6.00

I would like to contribute **to the WWURA Scholarship Fund** \$ \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Total enclosed \$ \_\_\_\_\_

**Please mail this application and check (*made payable to WWURA*) to WWURA Membership, c/o Barbara Evans, 715 North Garden Street, #502, Bellingham, WA 98225.** (Contributions are deductible.)