

Date _____

**UCF RETIREMENT ASSOCIATION, INC.
MEMBERSHIP APPLICATION FOR NEW RETIREES**

NAME _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

PHONE NUMBER _____

EMAIL ADDRESS _____

Please circle any information above that you would **NOT** want listed in the membership directory.

COLLEGE/DEPARTMENT from which you retired _____

New members are given their first year of membership free. Therefore, no dues payment is required now. Please send this form to the Membership Coordinator. Thank you.

**Jeanie Rutenkroger
2151 Rouse Lake Rd.
Orlando, FL 32817**