



UCF RETIREMENT ASSOCIATION, INC.

Membership Renewal Application

Date _____

NAME _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

PHONE NUMBER _____

EMAIL ADDRESS _____

COLLEGE or DEPARTMENT _____

Please circle any information above that you would ***NOT*** want listed in the Association's Membership Directory.

Annual membership dues of \$20 cover the current year through December 31. Please send this completed form, along with your dues, to the **UCFRA Treasurer:**

**John Salter
1954 Westbourne Drive
Oviedo, FL 32865-5111**

Please make checks payable to: **UCF RETIREMENT ASSOCIATION, INC.**

Thank you!

(11/21)