

New \_\_\_\_\_

Date \_\_\_\_\_

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

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

HOME 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 \_\_\_\_\_

Even though the first year's dues are waived, please send this form to the UCFRA  
Treasurer:

Linda Bonta  
972 Scandia Lane  
Orlando, FL 32825