

SAN DIEGO STATE UNIVERSITY RETIREMENT ASSOCIATION

MEMBERSHIP 2009-2010
DUES and DONATION INFORMATION

Date ____/____/____

Name _____
Last first

Spouse/Partner _____
Last first

Phone (____) _____ E-mail _____

Address _____
street apt/unit

_____ city state zip

Dept. Affiliation _____ Employed at SDSU from _____ to _____

SDSU RA Dues and Donation Information:

Single Retiree-Associate-Surviving Spouse-Active Employee \$25.00 _____

SDSU Retiree & Spouse/Partner or Associate & Spouse/Partner \$30.00 _____

In addition to my dues, I would like to support the following tax deductible fund(s):

*Retirement Association Endowment Fund \$ _____

Scholarships Fund \$ _____

Program Enhancement Fund \$ _____

TOTAL \$ _____

Event of death contact: Name _____

Relationship _____ Telephone or E-mail _____

*Please complete this form, make **your** check payable to the SDSURA, and **return to:***

SDSU Retirement Association
5500 Campanile Dr. , AD – 225
San Diego, CA 92182-5000

*(Interest and earnings from the Endowment Fund transfer to the Scholarship Fund)