**USI Retirees Membership Form**

Membership in USI Retirees is open to retired employees, spouses and partners and surviving spouses and partners. For more information visit **USI.edu/retirees**.

New Member \_\_\_\_\_ Membership Renewal \_\_\_\_\_ (check where appropriate):

* Complete this Form
* Return Form with a $20 check (per person)
* Make check payable to **USI Retirees** and mail to:

**University of Southern Indiana**

**USI Retirees, c/o USI Foundation**

**8600 University Boulevard**

**Evansville, IN 47712**

**DUES COVER THE TIME PERIOD JULY 1 – JUNE 30 EACH YEAR**

NAME: (Last)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(First)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(MI)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FORMER STATUS WITH USI: \_\_\_\_\_\_\_\_\_\_Faculty \_\_\_\_\_\_\_\_\_\_Staff \_\_\_\_\_\_\_\_\_\_Administration

HOME ADDRESS: (Street)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(City)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(State)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Zip)\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CELL PHONE: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PREFERRED EMAIL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARTICULAR INTERESTS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_

**SPOUSE OR PARTNER’S NAME**

NAME: (Last)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(First)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(MI)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FORMER STATUS WITH USI: \_\_\_\_\_\_\_\_\_\_Faculty \_\_\_\_\_\_\_\_\_\_Staff \_\_\_\_\_\_\_\_\_\_Administration

HOME ADDRESS: (Street)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(City)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(State)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Zip)\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CELL PHONE: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PREFERRED EMAIL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_