

NEW APSCURF MEMBERSHIP

Please enroll me in APSCURF

_____ 1 year for \$25.00

_____ 2 years for \$45.00

_____ 3 years for \$70.00

NAME _____

ADDRESS _____

PHONE _____

UNIVERSITY _____

RETIREMENT DATE _____

REMIT TO:

APSCURF

PO Box 11995

HARRISBURG PA 17108

Please include Email _____

_____ In the event of my death, I would like my membership to transfer to my spouse.

Spouse's Name _____

_____ My spouse was a State System employee and a member of APSCUF/APSCURF. I am renewing as an associate member.

Spouse's Name _____

Retired from _____ University.

_____ I want to be able to access the Members Only Section of the APSCUF web site. Please use the following to register me with APSCURF. User's name _____ and password _____.

I WOULD LIKE TO CONTRIBUTE TO APSCUF CAP!

I would like to help APSCUF and APSCURF reach their biennium goals and support legislators and/or candidates who express similar views or ideas. I am enclosing a *separate check* payable

to "APSCUF CAP" in the amount of _____.

(Law prohibits commingling of dues and political contributions. Therefore, a *separate check* is required.)

FOR OFFICE USE ONLY

_____ Check

RCVD:

MbrCK _____

CrntExp _____

Amt _____

NewExp ___6/____

CAPCK _____

Amt _____

Notes: