

# MEMBERSHIP RENEWAL

Please renew my APSCURF membership

\_\_\_\_\_ 1 year for \$25.00

\_\_\_\_\_ 2 years for \$50.00

\_\_\_\_\_ 3 years for \$70.00

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

CHECK HERE IF THE ABOVE IS A NEW ADDRESS

PHONE \_\_\_\_\_

UNIVERSITY \_\_\_\_\_

RETIREMENT DATE \_\_\_\_\_

## REMIT TO:

**APSCURF**

**319 N FRONT STREET**

**HARRISBURG PA 17101**

**PLEASE INCLUDE E-MAIL** \_\_\_\_\_

**May we send future APSCUF correspondence to you by e-mail rather than mail?**

Yes \_\_\_\_\_

No \_\_\_\_\_

\_\_\_\_\_ 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 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 STATE APSCUF OFFICE USE ONLY

**RCVD:**

MbrCK \_\_\_\_\_

CrntExp \_\_\_\_\_

Amt \$ \_\_\_\_\_

NewExp 6 / 20 \_\_\_\_\_

CAPCK \_\_\_\_\_

Senate -

Amt \$ \_\_\_\_\_

House -

Notes: