

MU Retiree Association (MURA)

Registration and Address Update Form

Please use this form to join MURA as a new member, for spousal membership, or to update your personal information. In order to ensure that you receive all MURA membership mailings and invitations your contact information must be current.

Name (MU retiree or MURA member)		Date
Spousal membership (Name of Spouse applying for membership)		
Mailing Address		
City	State	Zip
Home Phone	Cell Phone	
E-mail		
Retired from: Department _____ as Faculty <input type="checkbox"/> Staff <input type="checkbox"/>		
I prefer to receive upcoming announcements and other MURA communications By e-mail _____ by US Post _____ Both _____		

The Marquette University Retiree Association is operated entirely by volunteers. Please indicate below whether you would be interested in working with us as

Staff or Faculty Board member _____
 Executive Director _____
 Recorder _____
 Member Social Activities Committee _____
 Subcommittee member as needed _____

Questions? Please contact your MURA Executive Director, Gail Waring at gail.waring@marquette.edu or 262-789-5005.

To JOIN:

Mail form and check payable to MURA (\$15 for each membership) to:
 Marquette University Retiree Association
 P.O. Box 1881
 707 Building, 330
 Milwaukee, WI 53201-1881

To Update:

Email form to gail.waring@marquette.edu or mail form to the address at the left