



SAN FRANCISCO STATE UNIVERSITY RETIREMENT ASSOCIATION

c/o Development Office 1600 Holloway Avenue, ADM 153 San Francisco, CA 94132 www.sfsu.edu/~retire

MEMBERSHIP APPLICATION

Name _____

Were/are you a faculty member _____ or a staff member? _____

What department _____ Year Retired _____

Address _____ City _____ State _____ Zip Code _____

Home Phone () _____ (OK to publish in the Directory ? Yes No)

Email address _____

Would you like to receive SFSU's Weekly *Campus Memo* by email? yes no

We will send the Association's newsletter the *Off-Campus Bulletin*, by email in order to save postage and printing costs. If you are unable to access email, please check here: _____

Are you interested in helping organize functions and/or serving on the Board of Directors? yes no

Please specify: _____

Amount enclosed \$30 Annual Dues _____ \$200 Life Membership _____

Contribution for Endowment Fund \$ _____ (Please write a separate check)

Please make your check(s) payable to SFSU Retirement Association and mail with this form to:

Membership Director Jim Kohn, 23 Topaz Way, San Francisco, CA 94131.

Any questions, please contact, President LaVonne Jacobsen at 1(415)338-6953/1(415)505-3028,

or Vice President/Membership Director Jim Kohn at 1(415)821-7475