

# SOUTHERN OREGON UNIVERSITY RETIREES ASSOCIATION

## ACTIVE MEMBERSHIP FOR JULY 2016 THRU JUNE 2017

*please print legibly*

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Year Retired/Dept. \_\_\_\_\_

Membership @ \$20 X \_\_\_\_\_

(# of memberships)

Check (payable to **SOUF -or- SOU Foundation**)

Credit Card

Visa, MasterCard, AmEx, & Discover are accepted

Credit Card # \_\_\_\_\_

Three-digit security code on back of card \_\_\_\_\_

Expiration Date \_\_\_\_\_

Printed Name \_\_\_\_\_

(as it appears on card)

Return this form along with your payment to:

OLLI at SOU

1250 Siskiyou Boulevard

Ashland, OR 97520.

For questions, please contact Ralph Fidler  
at 541-488-0064.

**Thanks so much for supporting the SOU Retirees Association.**

**Total membership \$** \_\_\_\_\_

I would like to make an additional contribution to  
the Retirees' Assoc. Scholarship Fund \$ \_\_\_\_\_

I would like to make an additional contribution to  
the Retirees' Assoc. Newsletter \$ \_\_\_\_\_

**Total Amount \$** \_\_\_\_\_