

# OSURA Membership and Directory Form

## 2024-2025

*The membership year runs from July 1 - June 30.*

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Name \_\_\_\_\_

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Department \_\_\_\_\_

Retirement Date \_\_\_\_\_

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Household Member *(for household membership only)*

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Department *(if applicable)* \_\_\_\_\_

Retirement Date \_\_\_\_\_

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Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

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Phone \_\_\_\_\_

Email Address *(the BEST way to receive OSURA information!)* \_\_\_\_\_

**All OSURA members are listed in the OSU Retiree Directory and added to the OSURA listserv.**

**To change your preferences, check here:**

- Do not list me in the directory.
- Do not add my email to the listserv.

**Please return this form, along you with membership fee, to:**

OSURA

Oregon State University

A402 Kerr Administration Building

Corvallis, OR 97331

*Checks should be made payable to OSURA*

For questions, contact (541) 737-4717 or osura@oregonstate.edu

|   |       |
|---|-------|
| <b>OSURA Annual Dues: \$30 Individual</b> |       |
| <b>\$40 Household</b>                     |       |
| Annual Dues:                              | _____ |
| Scholarship Donation:                     | _____ |
| <b>Total:</b>                             | _____ |

*For office use*

|                      |  |
|----------------------|--|
| Date submitted _____ | Initials of submitter _____  |
| Amount _____         | <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ |