

APSURA Membership Form

Please submit a separate membership form for each member registration

Check one () New member or () Renewing member

Type of Member (check one)

- () Regular Member - APSU Retired faculty or staff member
() Associate Member - spouse or partner of APSU retiree
() Affiliate Member - individuals who demonstrate a desire to further the purposes of APSURA

Dr. ___ Mr. ___ Ms. ___ Mrs. ___

Date _____

Name of member: _____

Address: _____

City State ZipCode
Telephones: _____ E-mail addresses: _____

Regular member: Former department: _____ Years of service ___ Year you retired _____

Associate member: Name of retired spouse or partner _____

Make checks payable to APSURA, Mail form and check to Sharon Silva, 325 Kimbrough Rd, Clarksville, TN 37043

Yearly Membership: Regular- APSU Retiree () \$25 Associate () \$25 Affiliate () \$25

5- year Membership: Regular- APSU Retiree () \$100 Associate () \$100 Affiliate () \$100

Lifetime Membership: Regular- APSU Retiree () \$500 Associate () \$500 Affiliate () \$500

Note: funds from Lifetime Membership support Scholarship Fund

Additional donation for Scholarship Fund _____