

SUAA-UIC Membership Application

Complete this form and return it to:

State Universities Annuitants Association
3085 Stevenson Drive, Suite 301
Springfield, IL 62703

Name: (LAST) _____ (FIRST) _____
 (M.I.) _____
 Address: _____ Apt. _____
 # _____ City: _____ State: _____ Zip _____
 Code: _____
 Home Telephone # _____ E-mail _____
 address: _____

UIC Annuitant _____ Survivor of UIC Annuitant _____ UIC Employee _____
 Other _____

Department affiliation at UIC _____ Spouse _____

If you want your SUAA dues deducted from a monthly SURS annuity check, check here__ and sign below:

I hereby authorize the State Universities Retirement System of Illinois to deduct from my monthly benefit check the amount as certified by the SUAA-UIC chapter as the current rate of dues.

Signature: _____
 Date: _____

Monthly deductions will begin on the first month following receipt of this form and will continue until you inform the State Universities Retirement System otherwise. Otherwise, submit a check for **\$30*** payable to **SUAA-UIC**. This will pay your dues for the ensuing 12-month period. Similar payments will be required each year to continue your membership.

* after December 31, 2009, the dues will be **\$36**