

# UIC UNITED UIC-SUAA Membership Application

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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 UIC SUAA 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 **\$36** payable to **UIC-SUAA** for 12 months or **\$72** for 24 months. Similar payments will be required periodically to continue your membership.

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Questions? Email [suaa@uic.edu](mailto:suaa@uic.edu)