

ASSOCIATE MEMBERSHIP APPLICATION FORM
UNIVERSITY OF CENTRAL OKLAHOMA
EMERITUS FACULTY ASSOCIATION

Name (Please Print) _____

___ Renewal Associate Membership; Update any items below as needed

___ New Associate Member

Mailing Address _____

Street, apartment number, post office box

City State Zip code

Home E-Mail Address _____

___ Check if you want to receive "Centralities"

Phone #'s

Home Cell Other

Association with UCO, if any _____

Area (Department, College, etc.) _____

Preferred Title: Dr. ___ Mr. ___ Mrs. ___ Ms. ___ Professor ___

Birthday: _____(Month) _____(Day)

Three options for membership dues payment:

1. ___ Enclosed is my check* for \$15.00 for membership dues for the calendar
year of _____

2. ___ Enclosed is my check* for \$45 for a 3-year membership renewal through
the year of _____

3. ___ Enclosed is my check* for \$225.00 for a lifetime membership.

*Make check payable to UCO – Emeritus Faculty Membership

Mail to Office of Academic Affairs, 100 N. University Drive, Edmond, OK 73034