



Completed form (with check if applicable) should be mailed to:

SUAA
217 E. Monroe, Suite 100
Springfield, IL 62701

State Universities
Annuitants Association

SUAA Membership Application
William Rainey Harper College
CURRENT EMPLOYEES ONLY

Select Payment Option

_____ Annual Payment (Check or Money Order)
_____ Electronic Bank Debit

Membership Type

_____ Active Employee (including allied agencies)
_____ Active Employee & Spouse/Partner
_____ Supporter

Name: _____

Spouse/Partner: _____

Address: _____

City: _____

State: _____ Zip: _____ Phone: _____

Email: _____

Chapter Dues Amount

\$ 3.67 Member monthly deduction

\$ 7.34 Member & spouse monthly deduction

\$ 44.00 Single member annual payment

\$ 88.00 Member & spouse annual payment

\$ _____ **SUAA Legal Fund — Requires separate check**

\$ _____ **SUAA Foundation — Requires a separate check**

Signature Required for Dues Deduction: I hereby authorize the State Universities Annuitants Association to deduct monthly the amount as certified by the **WRH** Chapter as the current rate of dues. The deduction will start once the process is complete and will continue until termination is requested in writing.

Signature: _____

Please submit a voided check

Bank Name: _____

Routing Number: _____

Account Number: _____

Check One: _____ Savings _____ Checking