



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
RETIREES ONLY

Select Payment Option

_____ Automatic Dues Deduction (SURS)
_____ Annual Payment (Check or Money Order)

Membership Type _____ **Year Retired**

_____ Retiree
_____ Retiree and Spouse/Partner
_____ Supporter
_____ Surviving Spouse/Partner

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 Retirement System (SURS) to deduct monthly the amount as certified by the **WRH** Chapter as the current rate of dues. The deduction will start once the SURS process is complete and will continue until termination is requested in writing.

Signature: _____