

Montana State University Association of Retired Faculty

MEMBERSHIP APPLICATION

Please include your check for \$25.00 for annual membership along with this form.
(\$12.50 for Associate members.) Your cancelled check will serve as proof of payment.

Please make your check payable to MSU ARF.

Send form and dues to: Dan Hertz, Treasurer, 1208 So Black, Bozeman, 59715.

(PLEASE PRINT)

NAME: _____

ADDRESS: _____
(Street or Post Office) (Apartment Number)

CITY: _____ ST: _____ ZIP: _____

TELEPHONE: _____

EMAIL: _____

PAST MSU AFFILIATION: _____

YEARS (dates) OF THIS AFFILIATION: _____

COMMENTS:

MONTANA
STATE UNIVERSITY