*Make all checks payable to:* **SUAA**

Return the signed membership form to:

 **SUAA, 217 E. Monroe, Suite 100**

**Springfield, IL 62701**



**SUAA Membership Application**

**College of DuPage**

**Retirees Only**

***Select Payment Option:***

\_\_\_\_\_ **1.** Automatic Dues Deduction (SURS)

**\_\_\_\_\_ 2.** 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 COD 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:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Springfield, IL 62701**



**SUAA Membership Application**

**College of DuPage**

**Current Employees Only**

***Select Payment Option:***

**\_\_\_\_ 1.** Annual Payment (Check or Money Order)
\_\_\_\_ **2.** Electronic Debit

***Membership Type:***

\_\_\_\_\_ Active Employee (including allied agencies)

\_\_\_\_\_ Active Employee & Spouse/Partner

\_\_\_\_\_ Supporter

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse/Partner:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State:\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Electronic Debit:** I hereby authorize the State Universities Annuitants Association to deduct monthly the amount as certified by the COD 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**