



State Universities
Annuitants Association

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:



State Universities
Annuitants Association

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**