



Make dues check payable to: SUAA
Return the **signed** membership form to:

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

SUAA Membership Application

SIUE Chapter

RETIREE ONLY

{RIGHT COLUMN FOR CURRENT EMPLOYEE}

Select Payment Option:

- 1. Automatic Monthly Dues Deduction (SURS)
- 2. Annual Payment (via Check or www.suaa.org)

Select Membership Type:

- Retiree _____ Year Retired
- Surviving Spouse/Partner
- Retiree & Spouse/Partner
- Supporting Member
- Supporting Member & Spouse/Partner

Name: _____

Spouse/Partner _____

Address: _____

City: _____

State: ____ Zip: _____ Phone: _____

Email: _____

Monthly SURS Auto-Deduction Payment:

- \$ 3.75 Retiree or Surviving Spouse/Partner
- \$ 7.50 Retiree & Spouse/Partner
- \$ 12.50 Supporting Member
- \$ 25.00 Supporting Member & Spouse/Partner

Annual Dues Payment:

- \$ 45.00 Retiree
- \$ 90.00 Retiree & Spouse/Partner
- \$ 150.00 Supporting Member
- \$ 300.00 Supporting Member & Spouse /Partner

Signature Required for Dues Deduction: I hereby authorize the State Universities Retirement System (SURS) to deduct monthly the amount as certified by the **SIU-E** 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: _____



Make dues check payable to: SUAA
Return the **signed** membership form to:

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

SUAA Membership Application

SIUE Chapter

CURRENT EMPLOYEE

{LEFT COLUMN FOR RETIREE}

Select Payment Option:

- 1. Annual Payment (via Check or www.suaa.org)
- 2. Electronic Bank Debit (*Sign below, mail & Call*)

Select Membership Type:

- Active Employee (including allied agencies)
- Active Employee & Spouse/Partner
- Supporting Member
- Supporting Member & Spouse/Partner

Name: _____

Spouse/Partner: _____

Address: _____

City: _____

State: ____ Zip: _____ Phone: _____

Email: _____

Annual Dues Payment:

- \$ 45.00 Active Employee
- \$ 90.00 Active Employee & Spouse/Partner
- \$ 150.00 Supporting Member
- \$ 300.00 Supporting Member & Spouse /Partner

Monthly Electronic Bank Debit Deduction:

- \$ 3.75 Active Employee
- \$ 7.50 Active Employee & Spouse/Partner

Signature Required for Electronic Bank Debit:

I hereby authorize the State Universities Annuity Association to deduct monthly the amount as certified by the **SIU-E** Chapter as the current rate of dues. The deduction will start once the process is complete and will continue until termination is requested. **Call SUAA at 217-523-4040 to set up your EBD account.**

Signature: _____