



Make all checks payable to: SUAA  
Return the signed membership form to:  
SUAA, 217 E. Monroe, Suite 100  
Springfield, IL 62701  
Dues are not deductible as a charitable contribution for tax purposes, but are deductible as a business expense. Contributions to the SUAA Foundation are tax deductible.

**SUAA Membership Application**  
**Southern Illinois University**  
**Edwardsville Chapter**  
**RETIREES ONLY**

**RIGHT COLUMN FOR CURRENT EMPLOYEE**

**Select Payment Option:**

- 1. Automatic Dues Deduction (SURS)
- 2. Annual Payment (Check or Money Order)

**Membership Type:**

- Year Retired
- Retiree
- Retiree and Spouse/Partner
- Surviving Spouse/Partner
- Supporter

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

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

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

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Chapter Dues Amount:**

- \$ 3.75 member monthly deduction
- \$ 7.50 member & spouse monthly deduction
- \$ 45.00 single member annual payment
- \$ 90.00 member & spouse annual payment

- \$ \_\_\_\_\_ SUAA Legal Fund – Requires separate check
- \$ \_\_\_\_\_ SUAA Foundation – Requires 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 SIUE 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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**SUAA Membership Application**  
**Southern Illinois University**  
**Edwardsville Chapter**  
**CURRENT EMPLOYEES ONLY**

**LEFT COLUMN FOR RETIREE**

**Select Payment Option:**

- 1. Annual Payment (Check or Money Order)
- 2. Electronic Debit (see below)

**Membership Type:**

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

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

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

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

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**Chapter Dues Amount:**

- \$ 3.75 member monthly deduction
- \$ 7.50 member & spouse monthly deduction
- \$ 45.00 member annual payment
- \$ 90.00 member & spouse annual payment
- \$ \_\_\_\_\_ SUAA Legal Fund – Requires separate check
- \$ \_\_\_\_\_ SUAA Foundation – Requires separate check

**Signature Required for Electronic Debit:** I hereby authorize the State Universities Annuitants Association to deduct monthly the amount as certified by the SIUE 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 #** \_\_\_\_\_ **Account #** \_\_\_\_\_

**Check One:** \_\_\_ Savings \_\_\_ Checking