

**Harvard University Retirees Association
First-Time
Complimentary Membership
FY 2019-2020
(Through June 30, 2020)**

Please Print

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 First Middle Initial Last

Address _____
 Number Street Apartment Number

_____ City/Town State Zip Code

Telephone (_____) _____

Email address _____
 You will be subscribed to the HURA E-list

Name of spouse/partner (optional) _____

Date of retirement _____

Faculty/department affiliation before retirement _____

Harvard ID (optional) _____

Subscribe me to *Harvard Health Letter* (\$20 value, free to HURA members) _____

Return this form to the address below or email to huramembership@gmail.com

**Carleen Farrell
HURA Membership Secretary
1 Atlantic Court
Mashpee, MA 02649**