

**Harvard University Retirees Association
Membership, FY 2016-2017
(Through June 30, 2017)**

Please Print

Name _____
 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 _____

Return this form along with \$20 payable to HURA to:

**Carleen Farrell
HURA Membership Secretary
38 Ronald Road
Arlington, MA 02474**