



EMERITI ASSOCIATION

MEMBERSHIP FORM

Please complete and print the application, and MAIL the form with your CHECK, payable to **Cal State LA Emeriti Association**, to:

Treasurer, Cal State LA Emeriti Association
c/o Office of the President
California State University, Los Angeles
Student Services Building
5151 State University Drive
Los Angeles, CA 90032

Please note, the membership year is January 1 - December 31. Dues paid between October 1 and December 31 are credited for the calendar year starting the following January 1.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TEL: () _____ (COUNTRY CODE IF OUTSIDE OF US _____)

EMAIL: _____

YEAR HIRED AT CAL STATE LA: _____ YEAR RETIRED: _____

DEPARTMENT: _____

COLLEGE: _____

MEMBERSHIP CATEGORY (Please check)

_____ Life Membership (one-time payment) \$300

_____ Regular Annual Membership \$50

_____ Associate Annual Membership \$30

_____ Associate Annual Membership (Spouse) \$10

I wish to donate: _____ \$10 _____ \$25 _____ \$50 _____ \$100 _____ Other: \$ _____

Questions: If you have any questions about membership options or requirements, please email them to emeriti.office@calstatela.edu