THE OHIO STATE UNIVERSITY RETIREES ASSOCIATION
OSURA

# OSURA
# Membership Web Form

**Personal Information (please print)** click here to clear form

1st OSU Retiree's Name _____ Deceased? ☐ Yes ☐ No
LAST FIRST MI

Prefix (Dr., Prof., Mr., Mrs., Ms.) _____ E-mail: _____

2nt OSU Retiree's Name
Spouse/Partner Name _____ Deceased? ☐ Yes ☐ No
LAST FIRST MI

Prefix (Dr., Prof., Mr., Mrs., Ms.) _____ E-mail: _____

1st Retiree's Department Name _____ Year of Retirement _____

1st Retiree's College/Office Name _____

2nd Retiree's Department Name _____ Year of Retirement _____

2nd Retiree's College/Office Name _____

Home Street Address _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone ( ) _____ Cell Phone ( ) _____
☐ preferred contact number ☐ preferred contact number

Years OSU Service 1st _____ Years OSU Service 2nd _____ Retirement System: STRS / OPERS / ARP 1st _____ 2nd _____

☐ I accept membership in OSURA

Type of Membership: ☐ Annual $15.00[1] ☐ Life $170.00[1] *Spouse/partner included with either membership*

Make check payable to **OSURA** Check #: _____ Date of check: _____

The OSURA Directory is published in September of each year.

**You may opt out of having some information printed by checking below:**

☐ I do not wish to have the following information published in the OSURA Directory:

☐ Name of spouse/partner ☐ Address ☐ Phone number ☐ E-mail address

Signed: _____ Date: _____
Signature Required

[1]Membership dues subject to change

Please complete the entire form, make your check payable to OSURA, and return both to:

The Ohio State University Retirees Association
Suite 300, 1590 North High Street
Columbus, OH 43201-2190

If you need additional information, please contact the Office Manager at (614) 292-2916

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