UCDAVIS EMERITI ASSOCIATION

2020 – 2021 Membership Form

Name:		Spouse/pa	artner:
Street:			
City, ST Zip:			
Email:			
Dept/unit affili	ation at retiremen	t:	
Title at retirem	nent:		
Campus retire	ed from: 🔭 Davis	s ··· Sacramento	Other:
Home Phone:	()		
Cell Phone:	()		
Membership	category:		
-		ear (check one: 🎌 Ne	w ··· Renewal)
			one: •• New •• Upgrade)
		pleased to have you as a	
		Id encourage your use of	
Please	e make check pay	able to UCDEA and ma	ail it with this form to:
	c C	JCDEA c/o UC Davis Retiree Co Dne Shields Avenue Davis, CA 95616	enter
	and the UC Davis	Retiree Center send in ase note your preferen	formation by email unless you specify ce:
	Check one:	** Email	** Surface mail
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		of campus history by red	t changes have you seen (buildings, cording an interview.
se: Please do not	t write below line.		