

SOUTHERN OREGON UNIVERSITY RETIREES ASSOCIATION ACTIVE MEMBERSHIP FORM

PLEASE PRINT LEGIBLY

Name _____

of Memberships @ \$20 each _____

Address _____

Total Membership \$ _____

City/State/Zip _____

Retirees Assoc. **Scholarship Contribution \$** _____

Phone (____) _____

Total Amount \$ _____

Email Address _____

Check (payable to SOU Foundation)

Year Retired/Dept _____

Credit Card (Visa, MC, AmEx, Discover accepted)

Additional name (please print legibly)

Card # _____

Name _____

Security Code (3-digit) _____

Address _____

Expiration Date _____

City/State/Zip _____

Name on Card _____

Phone (____) _____

Email Address _____

Year Retired/Dept _____

Mail this form along with your payment to:

SOU Foundation
1250 Siskiyou Blvd
Ashland, OR 97520

Make checks payable to **SOU Foundation**

For questions, please call Ralph Fidler at
541-301-0232

Retirees can also contribute to the
SOU Scholarship Fund
via an IRA Charitable Rollover or stock transfer
by contacting
Christina Sanz, sanzm@sou.edu
or by calling 541-552-6422

Thank you for supporting the SOU Retirees Association.