

# UIC SUAA Membership Application

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Name: (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (M.I.) \_\_\_\_\_

Address: \_\_\_\_\_ Apt.# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone # \_\_\_\_\_

E-mail address: \_\_\_\_\_

Are you a SURS Annuitant\* \_\_\_\_\_ Survivor of SURS\* Annuitant \_\_\_\_\_  
UIC Employee \_\_\_\_\_ Other \_\_\_\_\_

Department affiliation at UIC \_\_\_\_\_ Spouse \_\_\_\_\_

Print this application and mail it to:

**State Universities Annuitants Association (SUAA)**  
**217 E. Monroe St., Suite 100**  
**Springfield, IL 62701**

**\*SURS Annuitants: To pay by deduction from your SURS benefit check, please sign below:**

I hereby authorize the State Universities Retirement System of Illinois to deduct from my benefits check the amount as certified by the UIC SUAA chapter as the current rate of dues.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Monthly deductions will begin in the first month following receipt of this form and will continue until you inform the State Universities Retirement System otherwise.

**To pay by check:** Please submit a check to the above address, payable to **SUAA** for **\$44** for 12 months of membership or **\$88** for 24 months, along with this printed application. Your membership will begin with the first month following receipt of this form.