

ANNUAL MEMBERSHIP FORM ETSU RETIREES ASSOCIATION

NAME: (Last) _____ (First) _____ (MI) _____ (Title) _____

SPOUSE'S NAME: (Last) _____ (First) _____ (MI) _____ (Title) _____

ADDRESS: (Street) _____

(City) _____ (State) _____ (Zip) _____

TELEPHONE: (____) ____ - _____ EMAIL: _____

FORMER STATUS WITH ETSU: FACULTY STAFF

AMOUNT PAID (\$10 PER PERSON): \$10 \$20

Make check payable to ETSU and mail to:
East Tennessee State University
ETSURA, Human Resources
Box 70564
Johnson City, TN 37614-1707
(Your check will be your receipt)

ACCOUNT NO: FUND 821350, ORG 79998, Banner Account: 29300 PROGRAM 999; CHART: E

LIFE MEMBERSHIP CONTRIBUTION FORM

Enclosed is the applicable life membership fee. It is understood that this is a nonrefundable deferred gift to the ETSURA Endowed Scholarship Fund in the ETSU Foundation. The funds will be invested by the university with the income being used for current expenses of the association until my (our) death at which time it (one half if husband or wife) will be transferred to the Endowed Scholarship Fund. It is understood that any benefit received from ETSURA, the university or its foundation or this contribution will be of nominal value and it is fully deductible for tax purposes in the year paid.

NAME OF MEMBER _____ SPOUSE'S NAME: _____

ADDRESS: (Street) _____

(City) _____ (State) _____ (Zip) _____

TELEPHONE: (____) ____ - _____ EMAIL: _____

INDIVIDUAL MEMBER: \$100

HUSBAND & WIFE: \$150

Make check payable to ETSU and mail to:
East Tennessee State University
ETSURA, Human Resources
Box 70564
Johnson City, TN 37614-1707
(Your check will be your receipt)

ACCOUNT NO: FUND 821410, ORG 79998, Banner Account: 29300;
PROGRAM 999; CHART: E

CONTRIBUTION FORM ETSURA SCHOLARSHIP ENDOWMENT

NAME OF MEMBER _____ SPOUSE'S NAME: _____

ADDRESS: (Street) _____

(City) _____ (State) _____ (Zip) _____

TELEPHONE: (____) ____ - _____ EMAIL: _____

AMOUNT PAID: _____

To or In Honor Of: _____

Memorial PLEASE NOTIFY OF THIS GIFT: _____

Investment Account: Banner 653110/2552/550

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