## Application for membership

I wish to join the Warwick University Retired Staff Association.

### **Name and title** as to be used in list of members (please PRINT)

### ……………………………………………………………………

**Address** including post code

###### **Telephone number** ………………………………………………………………………….

###### **e-mail address** ……………………………………………………………………………….

**Year of Retirement** ………………………………………………………………………….

**Last Department** …………………………………………………………………………….

**Last Job Title** ………………………………………………………………………………...

**I agree** that my address, telephone number and e-mail address are included in the circulated List of Members. **YES NO (indicate any you wish omitted)**

**Signed**……………………………………….……………… **Date**………………….

**The Subscription is £15 per member on joining and is renewable in January of each subsequent year. Cheques should be made payable to The University of Warwick.**

Please forward this form to:

Mrs Elaine Lenton

WRSA Membership Secretary,

103 Birmingham Road

Allesley

Coventry

CV5 9GT

Telephone: 024 7640 3312

e-mail: elaine.lenton@ntlworld.com