



University of Washington Retirement Association Membership Application from University House

PERSONS ELIGIBLE FOR MEMBERSHIP

- Retired members of the University of Washington faculty or staff
- Current members of the UW faculty or staff in permanent, salaried positions
- Spouses, former spouses, domestic partners, widows or widowers of any of the above
- Former members of the UW Board of Regents

And on approval of the UWRA Board:

- Retired persons who held UW faculty or staff salaried positions for five consecutive years or more
- Retired faculty or staff from another college or university who held a paid, career position for at least five consecutive years at one institution and have retired from that institution* (please describe below)**
- Spouses, former spouses, domestic partners, widows or widowers of any of the above*

*UWRA will independently verify the employment and retirement of anyone applying for membership on the basis of retirement from another college or university.

You can speed the application process by contacting that university and asking them to send verification directly to UWRA via

1) U. S. mail (address below) 2) email: retiremt@u.washington.edu or 3) FAX: 206-685-1719.

UWRA members who are University House depositors or residents are required to keep their UWRA membership current.

Pre-retirement Member (Current UW Employees only)	\$30/year
Regular Member/University House Resident or Depositor household	\$40/year

UWRA membership is for one calendar year, beginning the month of membership approval. Dues are fully tax deductible. **Make check payable to UWRA** and mail with this sheet to:

Name _____ Year of Birth: _____

Spouse/domestic partner name _____ Year of Birth: _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

UW Department Name/Position (if applicable): _____

Faculty _____ Staff _____ Date of retirement _____ If **UW pre-retiree**, please check:

****If you are not a UW retiree**, please name the college or university from which you retired, where you served in a salaried position for five or more consecutive years. (Give dates and job title/s):

Amount enclosed \$ _____ Check # _____

→If my own or my child's UWRA membership lapses, I agree that as a resident I will pay the community fees of \$ _____, that were otherwise owed at the time I moved in.

Signature _____ Date _____ **Circle one:**
Issaquah Wallingford

Office use only:
Date processed _____ Processed by _____ Renewal Date _____



Commitment to Future Payment of Community Fees if Owed

- I have
- My child has

made membership application to UWRA as of _____ (date) with reasonable expectation of eligibility.

At the time of my move into University House residence my UWRA membership application is in process.

Therefore I agree to pay \$_____, the community fees owed by non-UWRA residents at the time of entrance:

- As soon as it is determined that I am not eligible for UWRA membership AND
- No later than six weeks following the date of official rental of my unit.

I understand that as long as my membership application is progressing satisfactorily UWRA may opt to postpone this payment.

Signed _____

Date _____

ERA Living _____

Title _____