



UNIVERSITY OF
SOUTHERN CALIFORNIA

USC Staff Retirement Association

Membership Information

Date ____/____/____

Name (Please Print) _____ Birthday (m)____/(d)____/(yr)_____

Street Address _____ Apt. _____

City _____ State _____ Zip Code _____ - _____

Phone (____)____-____ E-Mail _____

Campus Address (if current staff) _____

Mail Code _____ Campus Phone _____

Please complete the following information if this application is for joint membership.

Joint Member's Name _____ Birthday (m)____/(d)____/(yr)_____

Anniversary (if appropriate) (m)____/(d)____/(yr) _____

\$15	1 Year Single Membership	\$ _____
\$25	1 Year Joint Membership	\$ _____
\$400	Single Life Membership	\$ _____
\$700	Joint Life Membership	\$ _____
	SRA Endowment Contribution	\$ _____
	SRA Gift Contribution	\$ _____

Total Enclosed \$ _____

Make check payable to: *USC Staff Retirement Association*

Return check with this form to:

USC Staff Retirement Association
c/o USC Emeriti Center
3715 McClintock Avenue, Suite 220
Los Angeles, CA 90089-0191