

UCI Retirees Association (UCIRA) DUES*

DATE:	Ser year \$25 per year	\$100 for 5 years	\$300 lifetime membership
		holarship donation of \$ _ extent allowed by law. Please	** (mail-in by check only) consult your tax advisor.
Name (please print):		Address:	
Contact Email:		City:	
Your email will be used to ke events and critical changes t		coming State:	Zip Code:
Please mail this form and check payable to: c/o:		<i>UC IRVINE FOUNDATION</i> The UC Irvine Center for Emeriti & Retirees 111 Theory Suite 200 Irvine, CA 92617	
Opport	unity to Opt Oເ	ut of University So	licitations:
All checks submitted to the fund-raising donors list. T		•	n inclusion on the UCI Foundation e not generated by us.
Full Name(s) (printed):			
Anonymity level:		Show name, not amount Show amount, not name	DO NOT show amount/name
☐ I/We wish to opt OUT	of other University m	nailings and communicatio	ns for solicitations purposes.
I	Did you also gra	aduate from UC Irv	vine?
This is NOT to solicit you for any would like to see events/recognit			emailed, called and written that you ld like to help.
Yes, I am an Alum:	What Year?	What Degree	?
Name at time of degree: _			
Preferred address or emai	l for contact:		
UCI Center for Emeriti & Ret	irees Phone	111 Theory Suite 200, Irv e: 949-824-7769 retirees@uc	