

UCSB Faculty Association
Emeritus/a Membership Form

Please fill in the following information:

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Department _____ Mail code _____

OR

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Dues: \$15.00 annually for the academic year:

_____ \$15 one year

_____ \$30 two years

_____ \$45 three years

Send checks made out to UCSB Faculty Association to:

UCSB Faculty Association
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