

ASSOCIATION OF RETIRED FACULTY

Renewal / Application Form
Academic Year 2020-2021

(Dr./Prof./Mr./Mrs./Ms.)	First Name	Last Name	Spouse/Partner
Street Address		Home Phone	Cell Phone
City	State	Zip	
Department		College	
Primary Email Address			Year Retired

Please complete the following:

- I am enclosing a check for \$36 (payable to ARF) to cover my dues for the coming year. . . . \$36.00
- I am contributing the following amount to the ARF Memorial Graduate Project Awards Fund . _____
- Total enclosed (both payments may be on one check) _____
- I would like information about paying my ARF dues by payroll deduction through ERFSA.

Membership Roster Exclusions

You may choose to exclude some or all of your information (other than your name and department) from the printed ARF Membership Roster. If so, please indicate with an "X" the items you wish **excluded**.

- Spouse/Partner Address Home Phone Cell Phone Email address

Communication Preference

The ARF Membership Roster is distributed only by U.S. mail. Please indicate your preference for receiving other ARF communications, including the quarterly newsletter (ARF Notes) and announcements of monthly speakers and annual events.

Check the mode you prefer for receiving ARF Notes (Newsletter): _____ E-mail _____ US Mail

Check the mode you prefer for receiving all other ARF communications: _____ E-mail _____ US Mail

ARF Activities / Special Interest Groups

I would like to participate in the following ARF activities this year:

- Book Group, General Monday Film Group Dining Group (SCCARF), Dinner
- Book Group, Science Tuesday Film Group Dining Group (Yum-Yum), Lunch

News for *ARF Notes*

Here is information about (me/us) that I would like to share through *ARF Notes*.

Suggestions for ARF

I have the following suggestions for future monthly meeting speakers, discussion topics, field trips, and/or special interest groups.

Please return this form to ARF, P.O. Box 280578, Northridge, CA 91328-0578.