

NSURA MEMBERSHIP APPLICATION

Academic Year 2018-1019



Annual Membership Associate Membership* Life Membership

*Persons leaving NSU with at least 5 years of service prior to retirement

Name _____
 First Middle Initial Last (Please Print)

Address _____
 Street No. and Name City, State, and Zip Code

Home Phone No. _____ Cell Phone No. _____

Email Address _____

Birthday _____ Date of Retirement _____

Department _____

Date of Payment _____

Mail Payments to:

Financial Secretary

NSU Retirees Association , Norfolk State University, 700 Park Avenue, Unit 2011, Norfolk, VA 23504

Do you agree to have your contact information (address, phone, email) appear on the published membership roster? Yes No