

Texas State Retired Faculty and Staff Association Membership Form

Retiree's Last Name _____ First Name _____ MI _____ Title _____

Spouse's Name _____ Are you a surviving spouse of a retiree? Yes No

Department or Office _____ Yr. Employed _____ Yr. Retired _____

Address _____ City _____ State _____ Zip _____

Email Address (print clearly) _____ Telephone Number (____) _____ - _____

May we publish your email address on our web site? Yes No

What kinds of activities might interest you?

| | | | |
|---------------------------------|--------|--------------|--------|
| Monthly or quarterly luncheons? | Yes No | Bridge? | Yes No |
| An annual social event? | Yes No | Investments? | Yes No |
| Lectures and/or programs? | Yes No | Books? | Yes No |
| Travel in- or out-of-state? | Yes No | Discussion? | Yes No |
| Tours of University facilities? | Yes No | Exercise? | Yes No |
| Auditing University Courses? | Yes No | Health? | Yes No |

Other activities? Give us your ideas.

How should the University better serve or communicate with retirees?

Please use the back of this sheet to make any suggestions which you think would be helpful in creating a viable retiree organization at Texas State.

Return this membership form to: Retired Faculty and Staff Association
 % University Advancement
 960 J. C. Kellam Building
 Texas State University
 San Marcos, Texas 78666

<http://www.txstate.edu/rfsa/>