

Yes, I would like to join The Emeritus Society!

Name

Spouse

Address

City

State

Zip

Phone

Email

- Please do **not** include my name and number in The Emeritus Society directory.
- Membership @ \$30 x _____ (# of memberships)
- Check (payable to The Emeritus Society/WOU Foundation)
- Credit card: Visa MasterCard
- Cash

Total membership: \$ _____

- I would like to make a contribution to The Emeritus Student Scholarship fund:

\$ _____

Name on card

Card number

Expiration date

3-digit security code

Signature

Present this form with payment to the treasurer at the next monthly meeting, or mail to:



The Emeritus Society
WOU Foundation
345 Monmouth Ave. N.
Monmouth, OR 97361