THE ASSOCIATION OF HOWARD UNIVERSITY RETIREES
2400 6th Street, NW
Washington, DC 20059

OFFICIAL USE ONLY
Date Rec'd_____
Rec'd by _____
Cash or Check #_____
MO # _____
Amount $_____
Receipt sent _____
Sent by _____

MEMBER APPLICATION

Year _____

ALL INFORMATION IS STRICTLY FOR USE BY AHUR.

NAME_____
(Please Print) First MI Last

TITLE: [ ] Mr. [ ] Mrs [ ] Ms [ ] Rev. [ ] Dr. [ ] Other _____

ADDRESS _____ City _____ State ____ Zip_____
(Please Print)

PHONE (H) _____ (C) _____ Email _____

Best Way to Contact You? [ ] Email [ ] US Mail [ ] Other _____

Emergency Contact: Name _____ Phone _____
(Please Print Clearly)

YEAR RETIRED? _____ FROM: [ ] HUH/FREEDMEN'S ? or [ ] HU?

DEPT./DIV. _____ AHUR MEMBER SINCE (Year) _____

HOW DID YOU HEAR ABOUT AHUR? [ ] Member (Specify Name)_____
[ ] Friend [ ] HU/HUH Benefits Office [ ] Saw a Flyer [ ] Attended an AHUR Function [ ] WHUR PSA

MEMBERSHIP DUES: *(Payment up to 5 years accepted. See the Bylaws.)*

Annual Membership Dues: [ ] 1 year/$25 [ ] 2 yrs/$50 [ ] 3yrs/$75 [ ] 4 yrs/$100 [ ] 5 yrs/$125

Donation(s) [ ] Scholarship $_____ [ ] Other (Specify) $_____

Enclosed: [ ] Check $_____ [ ] MO $_____ Payable to: AHUR

(Mail Application, Dues and Donations to AHUR at the address above.)

TOTAL ENCLOSED $_____

What particular skills, talents or special expertise would you like to share that might benefit the Association in accomplishing its purposes. (Specify)_____

In which of ***Standing Committee(s)** would you like to participate this year? *(Check all that apply.)*

[ ] Amenities [ ] Auditing [ ] Budget and Finance [ ] Bylaws [ ] Membership
[ ] Newsletter [ ] Nominating [ ] Program/Events [ ] Scholarship

**See Functions and Duties on the back.*

Updated March 2019