

**Membership Form**  
University of Virginia  
Retired Faculty Association  
Annual dues: \$30

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Title/Department: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Make your check payable to the Retired Faculty Association

Send to:  
Robert J. Ribando, Treasurer  
1541 Valcrest Lane  
Charlottesville, VA 22901-0683